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CERTIFICATE OF DEATH

Registration District No. 139

Primary Registration District No. 5531

Registrar's No. 11

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ISAAC MONROE CREWS		2. MALE	3. MARCH 31, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. WHITE	5b. 84	5c. 5d. 5e. 5f. 5g. 5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. 5r. 5s. 5t. 5u. 5v. 5w. 5x. 5y. 5z.	6. NOV. 5, 1885
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. BIGELOW		7c. NO	7d. RURAL
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. MISSOURI		9. U. S. A.	10. MARRIED
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 486-48-7520		13a. FARMER	13b. FARMING
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
14. MISSOURI	14b. HOLT	14c. BIGELOW	14d. NO
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. MARSHAL CREWS		16. SARAH COX	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. MRS. MYRTLE CREWS		17b. R.F.D. BIGELOW, Mo. 64425	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Cerebral Anoxia			44 hr.
(b) Cardiac Arrest			44 hr.
(c) Cerebral Vascular Accident			44 hr.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (d), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))			AUTOPSY (YES OR NO)
19. Generalized Cerebral Ischemia and Hypoxia			19a. NO
20. Accident, Suicide, Homicide, OR UNDETERMINED (SPECIFY)			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)
20a. DATE OF INJURY (MONTH, DAY, YEAR)			20b. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20c. INJURY AT WORK (SPECIFY YES OR NO)			20d. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS (YES OR NO)
20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLDG., ETC.) (SPECIFY)			20f. YES OR NO
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			20h. YES OR NO
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			AND LAST SAW HIM/HER ALIVE ON
21a. July 1959			21b. MAR. 31, 1970
21c. DECEASED FROM			21d. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
22a. CERTIFIED NAME (TYPE OR PRINT)			22b. SIGNATURE
22c. JAMES H. HANCOCK M.D.			22d. APRIL 1, 1970
22e. MAILING ADDRESS—CERTIFIER			22f. CITY OR TOWN
22g. MOUND CITY, Mo. 64470			22h. STATE
22i. STATE			22j. ZIP
22k. ZIP			22l. ZIP
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME
23a. BURIAL			23b. MT. HOPE CEMETERY
23c. DATE (MONTH, DAY, YEAR)			23d. LOCATION (CITY OR TOWN, STATE)
23e. APRIL 4, 1970			23f. MOUND CITY, Mo.
23g. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			23h. PETTITJOHN AND CRAWFORD, MOUND CITY, Mo. 64470
23i. FUNERAL DIRECTOR—SIGNATURE			23j. REGISTRAR—SIGNATURE
23k. JAMES HANCOCK			23l. JAMES HANCOCK
23m. DATE RECEIVED BY LOCAL REGISTRAR			23n. 4-2-1970

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

APR 10 1970

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Buford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.