

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 277775

93
06

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6067 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Speedwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Roscoe	
c. LENGTH OF STAY (In this place) 58 yrs		d. STREET ADDRESS (If rural, give location) Roscoe, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION #4, Eldorado Springs, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) elle c. (Last) Crow			4. DATE OF DEATH (Month) (Day) (Year) August 15, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 8, 1868
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Jones		14. NAME OF HUSBAND OR WIFE Zachary Crow	
13b. MOTHER'S MAIDEN NAME Mary Scott		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Mrs Mary Ethel Reed, Eldorado Springs, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis, alone			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			592X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 Aug 1949 to 15 Aug 1949 , that I last saw the deceased alive on 15 Aug 1949 , and that death occurred at 9:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John V. Hill M.D.		23b. ADDRESS Eldorado Springs, Mo	
23c. DATE SIGNED 16 Aug 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair Missouri
DATE REC'D BY LOCAL REG. Aug 17 49	REGISTRAR'S SIGNATURE Ruth Seecorso	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Graham	ADDRESS Eldorado Springs

RECEIVED

District Health Officer No.

District File Number 2-48-9

Date Filed 8-17-49

SEP 20 1949

OCT 11 1949

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.

Signed James E. Hackleman

Signed _____
Student Embalmer

Licensed Embalmer No. 4573

P. O. Address Edwards Spring

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

APR 24 1952