

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk Twp)
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Stoddard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk Twp.) 1030
d. STREET ADDRESS (If rural, give location) Gen. Delivery, Canaou, Mo.

3. NAME OF DECEASED
a. (First) James b. (Middle) Oliver c. (Last) Crowe

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 29, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 27, 1889

9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (If under 12 hrs.)
61 2 2 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Texas /

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Esta Crowe (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
James T. Crowe, Piggott, Ark.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
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.

INTERVAL BETWEEN ONSET AND DEATH

4201

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Bramer Coroner 3

23b. ADDRESS Dexter, Missouri

23c. DATE SIGNED 1-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-31-51

24c. NAME OF CEMETERY OR CREMATORY Piggott

24d. LOCATION (City, town, or county) (State) Piggott, Arkansas

DATE REC'D BY LOCAL REG. 2-1-51

REGISTRAR'S SIGNATURE Delma W. Rankin 1409

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Russell Funeral Home, Piggott, Ark.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1030 /

RECEIVED

FEB 6 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

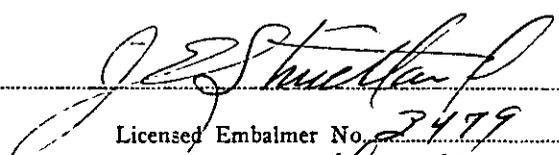
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or-by.....

..... Student=Embalmer=No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 2479.....

P. O. Address. Weymouth, Mass......

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.