S. No. 300
v. 10-48

FILED NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34192

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corder
d. STREET ADDRESS (If rural, give location): Main Street.

1540

3. NAME OF DECEASED (Type or Print): a. (First) Hugh b. (Middle) c. (Last) Crowder

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 10, 1871
9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR Months: 0 Days: 9 | IF UNDER 1 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: employee miner
11. BIRTHPLACE (State or foreign country): Peorea Illinois.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Anna Woellaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John W. Condon, Kansas City, Missouri ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis, Severe — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____ E 9030
DUE TO (c) _____ 20

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1- Comminuted fracture tibia & fibula
2. Fractured left Clavicle

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Corder Lafayette Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 4 51 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fellon porch steps at home

22. I hereby certify that I attended the deceased from 10-6, 1951, to 10-18, 1951, that I last saw the deceased alive on 10-19, 1951, and that death occurred at 5:PM m., from the causes and on the date stated above.

23a. SIGNATURE: J E Bumgarner M.D (Degree or title)
23b. ADDRESS: Higginsville Mo.
23c. DATE SIGNED: 10-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 22, 1951
24c. NAME OF CEMETERY OR CREMATORY: Corder
24d. LOCATION (City, town, or county) (State): Corder, Missouri.

DATE REC'D BY LOCAL REG.: Nov. 7, 1951
REGISTRAR'S SIGNATURE: Minerva E Eadelsinks
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest F. Tempel Lexington Missouri ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 8 - 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed NOV 5 1951

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 Leo. McKean

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington Missouri

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.