

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36118**

FILED OCT 23 1951

BIRTH NO. _____ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **4501** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield.	
c. LENGTH OF STAY (in this place) Years		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle) Izora	c. (Last) Crowe	4. DATE OF DEATH (Month) (Day) (Year) Sept 13 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR (Month) (Day) (Year) 11 -- --	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS/OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Frank Wells	13b. MOTHER'S MAIDEN NAME Tena Chesshire	14. NAME OF HUSBAND OR WIFE George Crowe
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Howard Robinson ADDRESS Bloomfield, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	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. Asthma, Obesity		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 431X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 12, 1951**, to **Sept 13, 1951**, that I last saw the deceased alive on **Sept. 13, 1951**, and that death occurred at **1 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Gordon C. Hemphill, D. O. (Degree or title)	23b. ADDRESS Bloomfield, Mo.	23c. DATE SIGNED 10-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-15-51	24c. NAME OF CEMETERY OR CREMATORY Walkers	24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.
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DATE REC'D BY LOCAL REG. Oct. 18 1951	REGISTRAR'S SIGNATURE Rose Wehber (35)	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Und. Co. ADDRESS Bloomfield Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1952

RECEIVED

OCT 22 1951

DISTRICT HEALTH OFFICE No.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Lulu Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3499

P. O. Address Bloomfield, Ma.

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.