

FILED MAR 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. 9090

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 62

644

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 1131 North 18th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Wm. c. (Last) Crowley			4. DATE OF DEATH (Month) (Day) (Year) March 6, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 26, 1874	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months 4 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Howard County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME William Crowley		13b. MOTHER'S MAIDEN NAME Susan Todd		14. NAME OF HUSBAND OR WIFE Anne Hathman Crowley (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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Lucas Hannibal Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cerebral vascular accident		4 days
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 3/3/52, 1952, to 3/6/52, 1952, that I last saw the deceased alive on 3/6/52, 1952, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Swartz Chief M. H. U.</i>	(Degree or title)	23b. ADDRESS 508 Broadway Hannibal Mo.	23c. DATE SIGNED 3/7/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/52	24c. NAME OF CEMETERY OR CREMATORY Fairview	24d. LOCATION (City, town, or county) (State) Fairford Missouri
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DATE REC'D BY LOCAL REG. 3-8-52	REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke By W.C. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. ...</i>	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAR 18 1952

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.....

H. Crawford Smith

Signed.....

Student Embalmer

Licensed Embalmer No. 3418

P. O. Address Hannibal 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.