

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42984

State File No. \_\_\_\_\_

No. 300

10.48 PM DEC 31 1952

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARUTHERSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARUTHERSVILLE</u> <u>0782</u>	
c. LENGTH OF STAY (In this place) <u>597</u>		d. STREET ADDRESS (If rural, give location) <u>18th ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>A.</u> c. (Last) <u>Crowe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN 8, 1875</u>		9. AGE (In years last birthday) <u>77</u> Months <u>11</u> Days <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>D.J. Crowe</u>			

13b. MOTHER'S NAME <u>Elizabeth</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Loretta Crowe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Chas. H. Crowe</u> ADDRESS <u>CARUTHERSVILLE MO.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>D.O.A.</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____		DUE TO (c) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 D.O.A., 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. W. Mink</u> M.D.		23b. ADDRESS <u>CARUTHERSVILLE, MO.</u>		23c. DATE SIGNED <u>12-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>CARUTHERSVILLE MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Undertaking Co.</u>		ADDRESS <u>CARUTHERSVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>12-26-1952</u>		REGISTRAR'S SIGNATURE <u>Jesse B. Mink 247</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

782

12-373-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 29 1952

JAN 27 1953

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 *Charles E. Mungle*

Licensed Embalmer No. *4877*

P. O. Address *Caruthersville, Mo.*

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.