

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. **17012**

FILED JUN 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **4038** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>Benton</b> <b>0080</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>MORGAN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW</b>		c. LENGTH OF STAY (in this place) <b>5 MONTHS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b> <b>0910</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lake side Rest Home</b>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAUDE</b> b. (Middle) <b>LESTER</b> c. (Last) <b>CROW</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 25, 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>FEB. 12, 1891</b>	9. AGE (In years) (Months) (Days) <b>62 3 13</b>	IF UNDER 1 YEAR: Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fall River, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jess Crow</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Maroney</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CHAS. CROW</b>	ADDRESS <b>VERSAILLES, MO.</b>		
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) <b>CORONARY THROMBOSIS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>  <b>See yes</b>  <b>UNK</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>12 Feb</b> , 19 <b>53</b> , to <b>25 May</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>29 May</b> , 19 <b>53</b> , and that death occurred at <b>1:55 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>David H. Glenn M.D.</b>			23b. ADDRESS <b>Warsaw Mo.</b>		23c. DATE SIGNED <b>25 May 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 26, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Versailles Morgan Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 25, 1953</b>	REGISTRAR'S SIGNATURE <b>Jas. A. Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.F. Kibbel</b>	ADDRESS <b>VERSAILLES, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*John G. Reese*

Licensed Embalmer No. 4098

P. O. Address Waisau

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.