

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**17659**

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

FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 523

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>618 South Jefferson</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>SAMUEL</u>	b. (Middle) <u>NEWTON</u>	c. (Last) <u>CROWDER</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 31 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>April 23, 1868</u>	<b>9. AGE</b> (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Rail Road Terminal</u>	<b>11. BIRTHPLACE</b> (City and State, or Foreign Country) <u>Red Hill, North Carolina</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Isaac T Crowder</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emaley Kendall</u>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Isabell Helgevold, Chicago, Ill</u>	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Unknown</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Probably Coronary Occlusion</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>UNATTENDED BY A PHYSICIAN</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:00P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Edith Williamson</u> Registrar of Vital Statistics	<b>23b. ADDRESS</b> <u>Greene County Court House Springfield, Missouri</u>	<b>23c. DATE SIGNED</b> <u>6/2/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>June 3, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hazelwood Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Springfield, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>6-2-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Alma Lahmeyer, Springfield, Mo</u>	<b>ADDRESS</b> _____
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1939

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 *Gene [Signature]*

Licensed Embalmer No. *4739*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.