

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36705

FILED NOV 30 1954

State File No. 323
Registrar's No. 323

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		State File No. <u>323</u>		Registrar's No. <u>323</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>			c. LENGTH OF STAY (in this place) <u>9 YRS</u>		c. CITY OR TOWN <u>FULTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 COURT ST</u>					e. STREET ADDRESS (If rural, give location) <u>700 COURT ST. 01470</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u>			b. (Middle) <u>COONS</u>		c. (Last) <u>CROWS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 22, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 2, 1876</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>		
13a. FATHER'S NAME <u>GLOVER COONS</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET R. COONS</u>			14. NAME OF HUSBAND OR WIFE <u>NOLLIS CROWS</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. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nollis Crows</u> ADDRESS <u>Fulton Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. valvular heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>rheumatic fever</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>generalized arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 <u>2/26, 1940</u> , to <u>11/22, 1954</u> , that I last saw the deceased alive on <u>11/21, 1954</u> , and that death occurred at <u>8:40 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Henry D. D. M.D.</u>					23b. ADDRESS <u>Fulton, Mo.</u>			23c. DATE SIGNED <u>11/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NOLLICREST</u>		24d. LOCATION (City, town, or county) (State) <u>FULTON MO</u>			
DATE REC'D BY LOCAL REG <u>Nov. 27-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>		ADDRESS <u>Fulton Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

NO. 300
10. 48

(JUN 8 1960)

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.....
Signature of Student Embalmer

VS JUN 8 1960

Signed..... *Harry A. Stewart*

Licensed Embalmer No... 379

P. O. Address..... *Fulton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.