

FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8946**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY (If outside corporate limits, write RURAL and give township) Goodman Rural Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Tom b. (Middle) Louis c. (Last) Crow			4. DATE OF DEATH (Month) (Day) (Year) March 8, 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 8, 1920	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months 7 Days 13	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Washington Co. Arkansas		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME M. A. Crow	13b. MOTHER'S MAIDEN NAME Winnie E. Ohomendio	14. NAME OF HUSBAND OR WIFE Pearl Crow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Crow	ADDRESS Rt. 1, Goodman, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease DUE TO (c) _____		
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 checked="" type="checkbox"/>
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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 <input type="checkbox"/> 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 **3-1-53** to **3-8-55**, that I last saw the deceased alive on **3-7-55**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. P. C. Davis M.D.	23b. ADDRESS Neosho Mo	23c. DATE SIGNED 3-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-10-55	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
		24d. LOCATION (City, town, or county) (State) Neosho, Rural, Missouri

DATE REC'D BY LOCAL REG. 3-9-55	REGISTRAR'S SIGNATURE Melvin C. Bowman	25 FUNERAL DIRECTOR'S SIGNATURE Poff Funeral Home, Goodman, Missouri	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

March 15 1955

District Health Officer No. _____

District File Number 355-48

Date Filed 3-15-55

KEOSHO, MISSOURI

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

Carl Stapp

Licensed Embalmer No. 3458

P. O. Address Anderson, 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.