

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18239

State File No.

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4196</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY OR TOWN <u>Darlington</u>		c. LENGTH OF STAY (in this place) <u>Darlington</u>		c. CITY OR TOWN <u>Darlington</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				f. STREET ADDRESS (If rural, give location) <u>6380</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lillie</u>		b. (Middle) <u>Dee</u>		c. (Last) <u>Crow</u>			
4. DATE OF DEATH		a. (Month) <u>June</u>		b. (Day) <u>12</u>		c. (Year) <u>1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 1, 1870</u>			
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. HOURS			
<u>84</u>		<u>11</u>		<u>11</u>		<u>11</u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Mo.</u>			
13a. FATHER'S NAME <u>Morton B. Pringle</u>				13b. MOTHER'S MAIDEN NAME <u>Olive Arnold Pringle</u>		14. NAME OF HUSBAND OR WIFE <u>Dan Crow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elosia Logan, Mountain Grove 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>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)		21f. HOW DID INJURY OCCUR			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>June 1</u> , 19 <u>55</u> , to <u>June 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 12</u> , 19 <u>55</u> , and that death occurred at <u>9:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles A. Williamson M.D.</u>				23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED <u>6-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rouse Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Darlington Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 14-55</u>		REGISTRAR'S SIGNATURE <u>Maude Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bluff Brook</u>		ADDRESS <u>Albany Mo</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

APR 27 1958

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

Signed *Richard Brooks*

Licensed Embalmer No. *33*

P. O. Address *Albany*

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.