

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27123**

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. NO. 5865		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Couch Rural (Jobe)		c. LENGTH OF STAY (in this place) 78 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Couch Rural		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) Hester			a. (First) Crowell			b. (Middle)	
c. (Last)			4. DATE OF DEATH August 27, 1955		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 9, 1875		9. AGE (In years last birthday) 80	10. MONTHS 2	11. DAYS 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Pulaski County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Montcalm Caldwell		13b. MOTHER'S MAIDEN NAME Margot Dobbs		14. NAME OF HUSBAND OR WIFE G. J. Crowell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elbert Wheeler, Couch, Missouri					
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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Aug 19	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 5, 1955 , to Aug 27, 1955 , that I last saw the deceased alive on Aug 5, 1955 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. D. Cooper (Degree or title) M.D.			23b. ADDRESS Thayer Ave		23c. DATE SIGNED 9-1-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-29-1955	24c. NAME OF CEMETERY OR CREMATORY Cotton Creek Cemetery	24d. LOCATION (City, town, or county) (State) Couch Oregon Missouri				
DATE REC'D BY LOCAL REG. 9-7-55	REGISTRAR'S SIGNATURE Arthur Wolff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leland Carter Thayer Ave				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Leann Carter*

Licensed Embalmer No. 4576

P. O. Address Shays Mt

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.