

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32A27**  
Registrar's No. **268**

FILED OCT 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5168**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural McCredie Twp</b>		c. CITY OR TOWN <b>McCredie</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF <b>46 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>R.F.D.# 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martin</b> b. (Middle) <b>Dawson</b> c. (Last) <b>Crowson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct-15-1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov-8-1880</b>		9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR: Months <b>11</b> Days <b>7</b> IF UNDER 14 HRS: Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Callaway Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Ed H. Crowson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Dawson</b>		14. NAME OF HUSBAND OR WIFE <b>Laura</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wallace McClellan McCredie, Mo</b> ADDRESS <b>McCredie, Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Failure</b>		DUE TO (b) <b>Chronic Myocarditis</b>		<b>3</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>4222</b>			
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"/>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3** **am** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter A. Lawrence, Coroner</b>		23b. ADDRESS <b>Fulton, Callaway County, Mo</b>		23c. DATE SIGNED <b>10/15/55</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>Burial</b>		24b. DATE <b>Oct-17-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	
		24d. LOCATION (City, town, or county) <b>Fulton</b>		(State) <b>Mo</b>	

DATE REC'D BY LOCAL REG. <b>Oct. 15-1955</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b> <b>42670</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wallace General Home</b> ADDRESS <b>Fulton, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1952-39 1952

MAR 8 1952

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 Hector R. Masure Student Embalmer No. 51 working under my personal supervision.

Student H. Masure Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 272

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.