

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29670

State File No.

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4541 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>		b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FORDLAND</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>FORDLAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) <u>11205</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Cecil</u>	b. (Middle) <u>Herbert</u>	c. (Last) <u>Crowe</u>	(Month) <u>Sept</u>	(Day) <u>3</u>	(Year) <u>1956</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-1-1887</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTT COUNTY INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MILLARD CROWE</u>	13b. MOTHER'S MAIDEN NAME <u>OLIVA WELLS</u>	14. NAME OF HUSBAND OR WIFE <u>OMA CROWE</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs OMA Crowe Fordland, MO</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 9/3, 1956, to 9/5, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>I Lloyd O'Brien Sheriff</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Marshallfield, Mo.</u>	23c. DATE SIGNED <u>9-2-56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/5/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rancher Valley Cemetery Fordland mo</u>	24d. LOCATION (City, town, or county) (State) <u>mo</u>
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DATE REC'D BY LOCAL REG. <u>9-7-56</u>	REGISTRAR'S SIGNATURE <u>Opal M. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynn Ferrell Fordland mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1120

3420

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 *Row B. Terrell*.....

Licensed Embalmer No. *4847*.....

P. O. Address *Mansfield, N.*.....

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.