

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34807**

FILED OCT 17 1956

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5779** Registrar's No. **41**

4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELDON		c. CITY OR TOWN ELDON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 mo.		e. STREET ADDRESS (If rural, give location) 066 1/2	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION EL RANCHO NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) PHILDELIA b. (Middle) C c. (Last) CROWDER			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 16, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MONITEAU Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HORACE A. DUTCHER		13b. MOTHER'S MAIDEN NAME MARTHA JANE PROCTOR		14. NAME OF HUSBAND OR WIFE JOHN WILSON CROWDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joel Crowder Eldon	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular Hypertension		
	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 331X		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/15/56**, 19___, to **9/15/56**, 19___, that I last saw the deceased alive on **9/15/56**, 19___, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joel Crowder		23b. ADDRESS Eldon, Mo		23c. DATE SIGNED 9/16/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE SEPT. 17 1956		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	

DATE REC'D BY LOCAL REG. Sept. 17, 1956		REGISTRAR'S SIGNATURE Edw. Veretta Waltz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis D. Phillips Eldon	
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RECEIVED

OCT 12 '58

Miller County
Health Department

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.....
Louis D. Phillips

Licensed Embalmer No... 366

P. O. Address.....
ceda

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.