

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38684

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>			c. LENGTH OF STAY (In this place) <u>9 hrs.</u>		c. CITY OR TOWN <u>Cholo</u>		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0590</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>			b. (Middle) <u>Laura</u>		c. (Last) <u>Crowe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 14 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 2 1924</u>		9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF OVER 1 YRS. <u>32</u> <u>1</u> <u>12</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mendon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Fred Cook</u>			13b. MOTHER'S MAIDEN NAME <u>EVA Webb</u>			14. NAME OF HUSBAND OR WIFE <u>Orville E. Crowe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-28-6769</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy E. Crowe</u>		ADDRESS <u>Cholo, 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>3rd degree</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kerosene Explosion</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9160</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>16</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cholo Livingston Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 13 8 55 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
				21f. HOW DID INJURY OCCUR <u>Through kerosene on wood fire</u>					
22. I hereby certify that I attended the deceased from <u>11-13</u> , 19 <u>56</u> , to <u>11-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-14</u> , 19 <u>56</u> , and that death occurred at <u>3:10 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>T. J. Milazzo</u>				(Degree or title)		23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>11-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/16/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO</u>			
DATE REC'D BY LOCAL REG. <u>11/15/56</u>		REGISTRAR'S SIGNATURE <u>Francisco B Neill</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u>		ADDRESS <u>Funeral Home Cholo Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1957

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 *J. Robertson*

Licensed Embalmer No. *4388*
P. O. Address *Laredo, Tex.*

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.