

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38685**

FILED NOV 28 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 5

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

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. CITY OR TOWN <u>Child</u>	d. In 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) <u>12 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>059<sup>th</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janice</u> b. (Middle) <u>Marie</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 <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>August 31 1946</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR: Months <u>2</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Owille E. Crowe</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Laura Cook</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Owille E. Crowe</u> ADDRESS <u>Chillicothe</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>13.5 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd Degree Burns</u>		
	ANTECEDENT CAUSES Morbidity 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>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Child Livingston 059<sup>th</sup> Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 13 56 5<sup>pm</sup></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Person exploded due to nothing they were involved in</u>

22. I hereby certify that I attended the deceased from 11-13, 1956, to 11-14, 1956, that I last saw the deceased alive on 11-14-56, 1956, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. L. Mulagay Do</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>11-15-56</u>
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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>
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DATE REC'D BY LOCAL REG. <u>11/15/56</u>	REGISTRAR'S SIGNATURE <u>Frances B. Vaid</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Robertson</u> ADDRESS <u>Funeral Home Child Mo</u>
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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. M. Shecton*

Licensed Embalmer No..... *438*

P. O. Address..... *Laredo, Mo.*

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.