

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38871**

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE; <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>Wyandotte,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neosho Hospital-Sale Mem.</u>		e. STREET ADDRESS (If rural, give location) <u>R. R. 1 5 miles South</u> 8358	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u> b. (Middle) <u>Allen</u> c. (Last) <u>Crowder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/19/1956</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>8/1/1895</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Month <u>3</u> Days <u>18</u>	IF UNDER 24 HRS. 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>Ozark Co. Gainesville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Rufus Allen</u>	
13b. MOTHER'S MAIDEN NAME <u>Harriett Allen Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin J. Crowder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Benjamin Crowder</u> ADDRESS <u>R. R. 1 Wyandotte, Oklahoma</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
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? <u>NO</u> 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) _____	
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 <u>11-18</u> , 19 <u>56</u> , to <u>11-19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-19</u> , 19 <u>56</u> , and that death occurred at <u>3 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold C. Bent</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Neosho, Missouri</u>	
23c. DATE SIGNED <u>11/19/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>11/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olympus</u>	
24d. LOCATION (City, town, or county) <u>Grove, Delaware Co. Oklahoma</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Worley Funeral Home</u> ADDRESS <u>Grove, Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>11/19/56</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	

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

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RECEIVED

District Health Officer No. Newton
District File Number 1156-195
Date Filed **NOV 21 1956**

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..

not embalmed in Missouri

Student.....
Signature of Student Embalmer

Signed W. H. Worley, Jr.

Licensed Embalmer No.....

P. O. Address Grove Blk.

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.