

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

91

STATE FILE NUMBER

FILED FEB 7 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Eudora	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) -	
3. NAME OF DECEASED (Type or print) First Don Middle Crow Last Crow		4. DATE OF DEATH Month Jan Day 27 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 4, 1889
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Express Santa Fe	11. BIRTHPLACE (City and state or country) Eudora, Mo
13. FATHER'S NAME Walter J. Crow		14. MOTHER'S MAIDEN NAME Sarah Sparks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 720-07-3024	17. INFORMANT Leslie Crow, Farber, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331x			INTERVAL BETWEEN ONSET AND DEATH 6 days years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Mexico Mo COUNTY _____ STATE _____	
21. I attended the deceased from 1-20-57 to 1-22-57 and last saw ^{her} him alive on 1-27-57 Death occurred at 3:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward D. Leonard MD (Degree or title)		22b. ADDRESS Mexico Mo	
22c. DATE SIGNED 1-27-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 29, 1957	
23c. NAME OF CEMETERY OR CREMATORY Farber Cemetery		23d. LOCATION (City, town, or county) (State) Farber, Missouri	
24. FUNERAL DIRECTOR William B. Waters ADDRESS Vandalia, Mo.		25. DATE RECD. BY LOCAL REG. JAN. 29-1957	
26. REGISTRAR'S SIGNATURE Blanche Steely			

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 13 1957

SEP 19 1957

MAR 6 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 *William B. Water*

Licensed Embalmer No. *41*

P. O. Address *Dundell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.