

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006861  
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CHARLES</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. CHARLES</u> <u>0923</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>625 So. MAIN</u>		Length of stay in $\frac{1}{2}$ b <u>6 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>625 So. MAIN</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>PATRICK M. CROWDER</u>			4. DATE OF DEATH Month Day Year <u>FEB 13 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 4 1896</u>		9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE FITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.C.F. IND. INC.</u>	11. BIRTHPLACE (City and state or country) <u>DENT COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Crowder</u>		13b. MOTHER'S MAIDEN NAME <u>MARY POTTS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY E. MATTOCKS CROWDER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>490-01-0803</u>	17. INFORMANT Address <u>MARY E. CROWDER. ST. CHARLES, MO.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) <u>Coronary Occlusion</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952 to Feb. 13, 1958 and last saw <sup>her</sup> him alive on Feb. 13, 1958  
Death occurred at 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Don L. Randall, M.D.</u>		22b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>		22c. DATE SIGNED <u>Feb. 15, 1958</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>FEB. 16, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ALEXANDER CEMETERY</u>	23d. LOCATION (City, town, or county) <u>LINCOLN COUNTY MO</u>	
24. FUNERAL DIRECTOR <u>B. L. Prinster</u>	ADDRESS <u>St. Charles Mo</u>	25. DATE RECD. BY LOCAL REG. <u>FEB. 15-58</u>	26. REGISTRAR'S SIGNATURE <u>Mareecea Wilson</u>	

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 21 1958.

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 *Laurence O. Gerber* .....

Licensed Embalmer No. *4977* .....

P. O. Address *St. Louis* .....

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.