

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044761

STATE FILE NUMBER

FILED JAN 8 1958 Registration District No. 177 Primary Registration District No. 5649 Registrar's No. 2

300 3
1-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Pierce City 0550 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 mi west of Pierce City Length of stay in lb		d. STREET ADDRESS (If outside, give location) Rural Route 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Elva Marlene Crowell			4. DATE OF DEATH Month Day Year 12 7 1958
5. SEX Female	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 8/5/1938
9. AGE (In years last birthday) 20yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (City and state or country) Washburn, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Lester Laughlin	
13b. MOTHER'S MAIDEN NAME Irene Kidd		14. NAME OF HUSBAND OR WIFE John J. Crowell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT John J. Crowell RR2 Pierce City, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shull fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pregnancy near term			INTERVAL BETWEEN ONSET AND DEATH Probably within 2 weeks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Thrown from car struck head on pavement		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <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.) County Road	
20f. CITY, TOWN, OR LOCATION Lawrence Mo.		20g. COUNTY STATE Lawrence Mo.	
21. I attended the deceased from _____ to _____ and last saw her DEAD 12-7-58 Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert R. Douglas M.D. (Degree or title)		22b. ADDRESS Moett Mo.	
22c. DATE SIGNED 12-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/10/1958	
23c. NAME OF CEMETERY OR CREMATORY St. Marys		23d. LOCATION (City, town, or country) (State) Pierce City, Mo	
24. FUNERAL DIRECTOR Wm/ J. Weasell Pierce City, Mo.		25. DATE RECD. BY LOCAL REG. 1-3-59	
26. REGISTRAR'S SIGNATURE Mr. P. D. Cook			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

