Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018790
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY OR TOWN Rayville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Street not listed — Length of stay in Hospital 7 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Rayville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Street not listed — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Millard Middle Earl Last Crowley

4. DATE OF DEATH Month May Day 6 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH May 3, 1887

9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months 0 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY General farming

11. BIRTHPLACE (City and state or country) Rayville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John G. Crowley

13b. MOTHER'S MAIDEN NAME Zelpha A. Hendirx

14. NAME OF HUSBAND OR WIFE Mrs. Obie Crowley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT Mrs. Obie Crowley, Address Rayville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Degeneration c/ Diabetes — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Myocardial degeneration — 3 yrs

DUE TO (c) Chronic Cardiac & Pulmonary Edema. — 3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4341

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec. 1955, to May 6 1959 and last saw ~~him~~ him alive on May 6, 1959

Death occurred at 11:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Bellman (Degree or title) M.D.

22b. ADDRESS 1110½ Main St. Lexington

22c. DATE SIGNED 5/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE May 8, 1959

23c. NAME OF CEMETERY OR CREMATORY Crowley Cemetery

23d. LOCATION (City, town, or county) Rayville, Missouri (State)

24. FUNERAL DIRECTOR Quest-Life Funeral Home — ADDRESS Richmond, Missouri.

25. DATE RECD. BY LOCAL REG. 5-12-1959

26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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MAY 30 1959

JUN 19 1959

71

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 .....

Licensed Embalmer No. 4066

P. O. Address .....

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.