

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020595

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 47 Primary Registration District No. 516.8 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural McCredie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN 1/2 Mi. E. of Eastville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 40			Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) McCredie Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Robert Allen Crowson				4. DATE OF DEATH June 27, 1959				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 4, 1864		
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		
11. BIRTHPLACE (City and state or country) Callaway County, Mo.				12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Jacob Crowson				14. MOTHER'S MAIDEN NAME Martha Milley				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Myrtle LaRue, Auxvasse, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH	
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) 4200							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.) 4200					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			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.) and a G. U. infection					
20f. CITY, TOWN, OR LOCATION Callaway County			20g. STATE					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) George H. Groce, M.D.				22b. ADDRESS 607 East Fulton, Mo		22c. DATE SIGNED 6-29-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 28, 1959		23c. NAME OF CEMETERY OR CREMATORY Richland Christian		23d. LOCATION (City, town, or county) (State) Callaway County, Mo.		
24. FUNERAL DIRECTOR ADDRESS Margie Funeral Home, Fulton, Mo.				25. DATE RECD. BY LOCAL REG. July 6-1959		26. REGISTRAR'S SIGNATURE Maretha Lawrence		

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. Coroner cannot certify to a death due to natural causes.

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 *Marshall C. Blackburn*

Licensed Embalmer No. *47*

P. O. Address *Fulton*

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.