

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS SEP 21 1959

59-032148

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 123 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Novelty</u>		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Novelty</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in 1b <u>45</u>	c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rte 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Alice A.</u> Middle <u>Crown</u> Last <u></u>			4. DATE OF DEATH Month <u>9</u> Day <u>11</u> Year <u>59</u>		
5. SEX <u>F</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>3/28/1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Syracuse, Neb</u>		12. CITIZEN OF WHAT COUNTRY <u>US A</u>
13a. FATHER'S NAME <u>Vester Sage</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		13c. NAME OF HUSBAND OR WIFE <u>D A Crown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>D A Crown West Plains 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>Myocarditis with Acute Pulmonary Congestion</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Diatheriosclerosis, Hypertension & Arteritis</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased female was the primary victim of rape: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1946 to 11 Sept 59 and last saw her alive on 10 Sept 59
 Death occurred at 20300 hours m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>West Plains, Mo</u>	22c. DATE SIGNED <u>15/9/59</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>None</u>	23b. DATE <u>9/13-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Creek</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
24. FUNERAL DIRECTOR <u>Abraham's West Plains Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-18-59</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

100T 2-0 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. S. Roberts*

Licensed Embalmer No. 343

P. O. Address West Fl

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.