

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 29 1960

**=60-029824**

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5162 Registrar's No. 235

ENDED

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrian</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cleveland Two Hiway 40 W. 54</b>		Length of stay in 1b -----	c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7.2 Mi W. Kingdom City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>904 Lafayette</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Glendora</b> Middle Last <b>Crews</b>			4. DATE OF DEATH Month <b>August</b> Day <b>21</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-4-1940</b>	9. AGE (last birthday) <b>20</b> 19 IF UNDER 1 YEAR Months <b>9</b> Days <b>17</b> IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Farber, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Crews</b>		13b. MOTHER'S MAIDEN NAME <b>Goldie Nichols</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Earl King R. R. 6 Mexico</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Head injuries, Lacerations, probably</b> internal injuries DUE TO (b) <b>internal injuries</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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 was female was there a pregnancy in last 90 days. <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 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.) <b>Head on automobile and truck collision</b>		
20c. TIME OF INJURY Hour <b>2:45</b> a.m. p.m. Month, Day, Year <b>8/21/60</b>					
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.) <b>Highway 40</b>	20f. CITY, TOWN, OR LOCATION <b>7.2 Mi. W. Kingdom City</b>		COUNTY <b>Callaway</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>2:45 A.M.</b> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Daniel E. Browning coroner</b>			22b. ADDRESS <b>Fulton, Mo.</b>		22c. DATE SIGNED <b>8-25-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-24-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Richland Church Cem.</b>	23d. LOCATION (City, town, or county) <b>Callaway County</b>	STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>George Green</b>		ADDRESS <b>821 State St.</b>	25. DATE RECD. BY LOCAL REG. <b>Aug 25 1960</b>	26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *Glenn H. Green*

Licensed Embalmer No. 4220

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.