

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

=61-000152

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 3 STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		Length of stay in 1b <u>6 months</u>		c. CITY OR TOWN <u>Warsaw</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Oakheaven Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>Albert</u> Last <u>Crownhart</u>						4. DATE OF DEATH Month <u>Jan</u> Day <u>17</u> Year <u>1961</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 16, 1879</u>		9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Federal Employee</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>					
13a. FATHER'S NAME <u>Scott Crownhart</u>				13b. MOTHER'S MAIDEN NAME <u>Clara Crownhart</u>				14. NAME OF HUSBAND OR WIFE <u>deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Floyd G. Crownhart</u> Address <u>4014 N. Kansas</u> <u>Kansas City, 17, 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>Cerebral infarction, multiple</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, generalized</u>													
DUE TO (c) <u></u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Convalescent from bronchopneumonia</u>								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 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> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>											
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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <u>August 1960</u> to <u>January 17, 1960</u> and last saw him alive on <u>1-17-61</u> Death occurred at <u>9:25</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>W. R. Anderson</u> (Degree or title)						22b. ADDRESS <u>Warsaw, Missouri</u>			22c. DATE SIGNED <u>1-18-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan 18, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Still Pond Md.</u>		23d. LOCATION (City, town, or county) (State) <u>Still Pond Md.</u>							
24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 18-1961</u>		26. REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>							

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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 John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.