

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026250
STATE FILE NUMBER

AMENDED

Primary Registration District No. 278 Registrar's No. 94
 Primary Registration District No. 3054

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
Length of stay in 1b 3 Weeks		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If outside, give location) 1500 So. Carolina St	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James M Crowder			4. DATE OF DEATH Month Day Year July 9 1961
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/13/1901
9. AGE (last birthday) 59		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Louisiana Missouri U.S.A.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME William Crowder	
13b. MOTHER'S MAIDEN NAME Amanda Bernard		14. NAME OF HUSBAND OR WIFE Edna Crowder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Lawrence Crowder Louisiana Mo.	
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Epistaxis - 2 hrs. Spontaneous hemorrhage into alimentary tract. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Primary carcinoma of colon, Metastasis to stomach DUE TO (c) Unknown			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) Advanced arteriosclerosis			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 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 a.m. p.m.	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 1954 to July 9 1961 and last saw her him alive on July 9, 1961 Death occurred at 3:45 A M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David B. Belyea DO.		22b. ADDRESS 214 N 5th St Louisiana Mo	22c. DATE SIGNED July 10, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 12/61	23c. NAME OF CEMETERY OR CREMATORY Mt Zion cemetery	23d. LOCATION (City, town, or county) (State) Louisiana, Mo.
24. FUNERAL DIRECTOR Stenne Funeral Home		ADDRESS Louisiana Mo.	25. DATE RECD. BY LOCAL REG. July 18-61
26. REGISTRAR'S SIGNATURE Bernice Collier			

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.