

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006863  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 139

AMENDED

**FILED MAR 14 1962**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>                        |  | Length of stay in 1b<br><b>Yrs</b>  | c. CITY OR TOWN <b>Joplin</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. John's Hospital</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>909 Central Ave.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>BEATRICE</b> Middle Last <b>CROWE</b>                              |                                  |   | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>28</b> Year <b>1962</b>              |   |   |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-26-1892</b>  | 9. AGE (last birthday)<br><b>69</b>         | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b>     |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housekeeping</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Carthage, Mo.</b>                    | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>John Crowe</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Emma Steward</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) |                                  | 16. SOCIAL SECURITY NO.<br><b>Unk</b>   | 17. INFORMANT <b>Sis-</b> Address<br><b>Mrs. Minnie Anderson, 909 Central, Joplin</b> |   |   |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  |  | <b>10 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Hypertensive arteriosclerotic cardiovascular renal disease</b> | <b>unknown</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) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown |

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE |

21. I attended the deceased from 2-18-62 to 2-28-62 and last saw her alive on 2-28-62  
Death occurred at 5 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 22a. SIGNATURE<br><i>Dr. E. J. ...</i> (Degree or title)                       |                                  | 22b. ADDRESS<br><b>DeLar Clinic<br/>410 Jackson, Joplin, Mo.</b> | 22c. DATE SIGNED<br><b>3-2-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                     | 23b. DATE<br><b>Mar. 2, 1962</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Parkway Cemetery</b>    | 23d. LOCATION (City, town, or county) (State)<br><b>Joplin, Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</b> |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-7-1962</b>                  | 26. REGISTRAR'S SIGNATURE<br><i>Novie Merriam</i>                        |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 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 Robert A. York, Student Embalmer No. 621

working under my personal supervision.

Student Robert A. York  
Signature of Student Embalmer

Signed Harvey E. Crow

Licensed Embalmer No. 4463

P. O. Address Joplin MO

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.