

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025434

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1784

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Valley Park</b>		c. CITY OR TOWN <b>Washington</b>	
Length of stay in lb <b>WKS.</b>		Inside Limits (if outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Valley Park Nursing Home</b>		d. STREET ADDRESS <b>-----</b>	
3. NAME OF DECEASED (Type or print) First <b>ROSE</b> Middle <b>MAE</b> Last <b>CROWDER</b>		4. DATE OF DEATH Month <b>6</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>2/4/1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Teaching</b>	11. BIRTHPLACE (City and state or country) <b>Owensville, Mo.</b>
13a. FATHER'S NAME <b>Unknown Crowder</b>		13b. MOTHER'S MAIDEN NAME <b>Paradine Slinkmann</b>	
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>-----</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aneurysm Right Anterior Cerebral Artery</b>		17. INFORMANT <b>Virgil Crowder, Owensville, Mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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. 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 <b>Owensville, Mo.</b>	
20g. COUNTY _____		20h. STATE _____	
21. I attended the deceased from <b>May 10, 1962</b> to <b>June 15, 1962</b> and last saw her <b>alive</b> on <b>June 7, 1962</b> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert D. Sanders, M.D.</b> (Degree or title)		22b. ADDRESS <b>1502 Case Av</b>	
22c. DATE SIGNED <b>6-15-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-17-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery, Owensville, Mo.</b>	
23d. LOCATION (City, town, or county) <b>Owensville, Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Schrader Funeral Home, Ballwin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-62</b>	
24. ADDRESS		26. REGISTRAR'S SIGNATURE <b>John C. Murphy, M.D.</b>	

JUN 28 1962

**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 Richard M. Papp.

Licensed Embalmer No. 1581  
110 Sunnyside Lane,  
P. O. Address Ballwin, 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.