MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-031631
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5638 Registrar's No. 26

FILED AUG 17 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sni-A-Bar — Length of stay in lb 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Miles West Of Odessa — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Layfayette
c. CITY OR TOWN Odessa — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Claudia Middle Ellen Last Crowe
4. DATE OF DEATH Month Aug. Day 8 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/5/62
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Lexington, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Lee Crowe
13b. MOTHER'S MAIDEN NAME Marion Leath Crowe
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Robert L. Crowe, Odessa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute overwhelming upper respiratory infection
DUE TO (b) normal on delivery, easy labor, I saw this child at 9 A.M. & it appeared normal, I was called at 6 P.M. & arrived 15 minutes later & the child was dead
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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) Two other children in the home had acute epidemic upper respiratory infections.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) I delivered this baby got 7:30 8-5-62 at Lexington Am Memorial Hospital
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year No marks of violence, some difficulty in breathing during the after noon.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-5-62 to 8-8-62 and last saw her/him alive on 8-8-62 9 A.M.
Death occurred at about 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. R. Martin M.D.
22b. ADDRESS Odessa, Mo.
22c. DATE SIGNED 8/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/10/62
23c. NAME OF CEMETERY OR CREMATORY Oakridge Memorial Gardens
23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR ADDRESS Husman- Sparks Odessa, Mo.
25. DATE RECD. BY LOCAL REG. 8/9/1962
26. REGISTRAR'S SIGNATURE Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

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 William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, 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.