

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019229

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1587

DO NOT WRITE ON THIS STUB
AMENDED

FILED JUN 10 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in lb 4 mo.	c. CITY OR TOWN Dexter Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Lucy Lee Convalescent		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 703 N. Locust Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gertie Middle NMI Last Crowe			4. DATE OF DEATH Month May Day 30 Year 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-5-1887
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Aid, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joseph Sifford	
13b. MOTHER'S MAIDEN NAME Mollie Pennygrass		14. NAME OF HUSBAND OR WIFE Oscar Crowe	
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 Oscar Crowe Dexter, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Irreversible shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) _____			INTERVAL BETWEEN ONSET AND DEATH 11 hours
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 checked="" 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 4-5-63 to 5-30-63 and last saw her alive on 5-30-63 Death occurred at 11:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John W. Watkins M.D.</i>		22b. ADDRESS 330 North Second Street Poplar Bluff, Missouri	
22c. DATE SIGNED 6-1-63		22d. LOCATION (City, town, or county) (State) Dexter, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-2-63	
23c. NAME OF CEMETERY OR CREMATORY Hagy Cemetery		23d. LOCATION (City, town, or county) (State) Dexter, Mo.	
24. FUNERAL DIRECTOR Watkins & Sons		25. DATE RECD. BY LOCAL REG. 6/3/1963	
26. REGISTRAR'S SIGNATURE <i>Delia Graham</i>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0128
2 1035
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4 1
5 1
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7 0
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9 420.1
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12 3-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

JUN 12 1961

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 Mark Waters

Licensed Embalmer No. 4717

P. O. Address Pepper 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.