MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039468
STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 300

FILED OCT 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0362
2	0362
3	
4	1
5	2
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7	0
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11	036
12	90-0
13	30

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Clair — Length of stay in 1b: Instant
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): E. Bound Hiway 66 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: Sullivan — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 103 Hughes Ford Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frances Middle: Peterson Last: Crow
4. DATE OF DEATH: Month: Oct. Day: 6, Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/1/1898
9. AGE (last birthday): 65 — 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: ------
11. BIRTHPLACE (City and state or country): Anaconda, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George E. Peterson
13b. MOTHER'S MAIDEN NAME: Clara B. Johnson
14. NAME OF HUSBAND OR WIFE: B. Floyd Crow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of serv: ------
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hugh Peterson, Address: Sullivan, 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) MULTIPLE INJURIES SUSTAINED IN AUTO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ACCIDENT INCLUDING FRACTURES OF SKULL
DUE TO (c) AND LEFT LEG
INTERVAL BETWEEN ONSET AND DEATH: INSTANT.
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. ☐ 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.) SUBJECT WAS IN CAR CROSSING HIGHWAY
20c. TIME OF INJURY: 3:30 p.m. Month, Day, Year: Oct. 6, 63 — 66 WHICH WAS STRUCK BY TRUCK
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.): E. Bound Hiway 66
20f. CITY, TOWN, OR LOCATION: St. Clair, COUNTY: Franklin, STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 4:40 P m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D. Coroner
22b. ADDRESS: Union Mo
22c. DATE SIGNED: 10/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/9/1963
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cem.
23d. LOCATION (City, town, or county) (State): Sullivan, Mo.

24. FUNERAL DIRECTOR: H.M. Eaton, ADDRESS: Sullivan, Mo.
25. DATE RECD. BY LOCAL REG.: 9 Oct. 63
26. REGISTRAR'S SIGNATURE: Carley Smith Dpt. Floyd Williams Com

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1963

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 Herman H. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, 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.