MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

65-050748
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 296

FILED DEC 22 1965

VS 300
Rev. 4/59

1 1010
2 1865
3
4 0
5 3
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7 0
8 2
9 X
10 101
11 ~~355~~
12 91-3
13 1-2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			82

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Winona Twp
Length of stay in 1b: In transit
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First JAMES; Middle DEA N; Last CROWELL

4. DATE OF DEATH: Month Dec; Day 13; Year 1965

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 8/17/33

9. AGE (last birthday): 32

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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Insurance Co.

11. BIRTHPLACE (City and state or country): Couch, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Henry Crowell

13b. MOTHER'S MAIDEN NAME: Ruth L. (Mc Makin

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 491-34-8019

17. INFORMANT Address: Henry Crowell — Couch, 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): fractured skull + broken neck — INTERVAL BETWEEN ONSET AND DEATH: 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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. ☐ 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.): Car wreck

20c. TIME OF INJURY: Hour 11 a.m. p.m.; Month, Day, Year 12 13 65

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 No information to ___ and last saw her/him alive on ___
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Linton Wilson, D.O. - Coroner

22b. ADDRESS: Eminence, Mo.

22c. DATE SIGNED: 12-18-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12/13/65

23c. NAME OF CEMETERY OR CREMATORY: New Salem

23d. LOCATION (City, town, or county) (State): Couch, Mo.

24. FUNERAL DIRECTOR ADDRESS: A. Leo Carr — Thayer, Mo.

25. DATE RECD. BY LOCAL REG.: 12-21-1965

26. REGISTRAR'S SIGNATURE: Mabel Reed

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1966

JAN 3 1966

DEC 29 1965

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 Albert L Carr

Licensed Embalmer No. 2852

P. O. Address Thayer, 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.