

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 395

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Marvin W Crowder			2. Male	3. August 21, 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 89	5b. no	5c. no	6. Nov. 12, 1881
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Farmington		7c. no	7d. R.R. 1 Pendleton Township	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. USA	10. widowed	11.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 491-18-5288 A		13a. Linotype Operator	13b. Retired	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri	14b. St Francois	14c. Farmington	14d. no	14e. R.R. 1
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. William Crowder			16. Alice Bass	
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Clarence Crowder			17b. 3119 Morganford St Louis, Missouri	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				Approx. 1 year
(a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF:				Unknown
(b) Advanced Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF:				Approx. 4 months.
(c) Emphysema and CVA				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)				AUTOPSY (YES OR NO) 19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
20e.	20f.	20g.	20i.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. January 1970	21b. August 21, 1971	21c. June 7, 1971	21d. Didnot	21e. 2 p.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	MONTH DAY YEAR HOUR
22a.		22b.	22c.	22d.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. S. N. Glick, D.O.		23b. <i>S. N. Glick</i>	23c. no	23d. Aug 23 1971
MAILING ADDRESS—CERTIFIER				
23d. Mineral Area Osteopathic Hospital, Farmington, Mo. 63640				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Burial	24b. Parkview Cemetery		24c. Farmington, Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. August 23, 1971	24e. Miller Funeral Home Inc. Farmington, Missouri 63640			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. <i>Carl J. Miller</i>	25b. <i>Ether Mathews</i>	25c. Aug. 23, 1971		

DO NOT WRITE ON THIS STUB

9. 0

10a. 89

10b. 40940

11. 0

12. 2

13. 4369

14. 4

15. 0940

16. PARENTS

17. 2

18. 2

19. CREDITS

20. 1-0

VS 300
Rev. 1/70

40940

90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Frank K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.