

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495
10.48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH			
No. 300 10.48		5448 State File No.	
BIRTH NO. FILED FEB 26 1952		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001 Registrar's No. 8433
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, readable before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (in this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 1505 West C Street 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			
3. NAME OF DECEASED a. (First) Artemissa		b. (Middle) Crowe	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb 14, 1952	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 11 1894
9. AGE (In years last birthday) Months Days Hours Min. 37		11. BIRTHPLACE (State or foreign country) Marshfield, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME J. T. ROE		13b. MOTHER'S MAIDEN NAME unknown	
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) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Wm. L. Roe, 315 N. Harlem		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Anoxia</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 Day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u> DUE TO (c) <u>Heart Disease</u> 5 years. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 7, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 5:10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE A. A. Schulte, M. D.		23b. ADDRESS 421 Frisco Bldg, Joplin, Mo.	
23c. DATE SIGNED 2/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-16-52	
24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 2-21-52		REGISTRAR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)