

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19688**

BIRTH NO. 42752-51 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 76

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u> | |
| c. LENGTH OF STAY (in this place) <u>40 hrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>CALVIN</u> c. (Last) <u>CROWLEY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1951</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>June-18-1951</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Days <u>7</u> Hours <u>16</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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| 13a. FATHER'S NAME <u>Lindsay Crowley</u> | 13b. MOTHER'S MAIDEN NAME <u>Rachel Cooper</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lindsay Crowley, Lawson, Mo</u> | ADDRESS <u>Lawson, Mo</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral degeneration secondary to cerebral arteriosclerosis due to prolapse umbilical cord at time of labor - see persistent decubit posture</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prolapse umbilical cord at time of labor - see persistent decubit posture</u> | | |
| | | DUE TO (c) <u>prolapse umbilical cord at time of labor - see persistent decubit posture</u> | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>postion - 7610</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 6/18, 1951, to 6/20, 1951, that I last saw the deceased alive on 6/19, 1951, and that death occurred at 2:00 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Regina R. Robinson M.D.</u> (Degree or title) | 23b. ADDRESS <u>Excelsior Springs Mo</u> | 23c. DATE SIGNED <u>6/20/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6-20-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lawson cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>6/20/51</u> | REGISTRAR'S SIGNATURE <u>Caroline Nutchings</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Garman-Richard</u> | ADDRESS <u>Lawson, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Linnett Garrison*

Licensed Embalmer No. *4589*

P. O. Address *Exelior Springs*

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 this body is not embalmed, fact should be so stated above.