

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33795

4389

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>4389</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2526 Bellefontaine</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 1</u>								370	
3. NAME OF DECEASED (Type or Print) <u>CLAUDE CLAUDE</u>		a. (First)		b. (Middle) <u>John</u>		c. (Last) <u>Crowley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25/3 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-3-1877</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor - for self</u>			11. BIRTHPLACE (State or foreign country) <u>Kingston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Crowley</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Brown</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary V. Crowley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary V. Crowley, 2526 Bellefontaine</u>			
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>Sublethal Myocardial infarction</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>This man had an injury on 7-1-49 - treated at Gen.</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Also the injury aggravated sublethal</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7w Arms</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Refused Post</u>						20. AUTOPSY? <u>260X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4014 E 12th St</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hours) <u>7-1-49</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell from window</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1036 Rialto Bldg</u>			23c. DATE SIGNED <u>10-13-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 15 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-14-49</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster, Kansas City, Missouri</u>				

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 \_\_\_\_\_

*Clayton K. Barnes*

Student Embalmer No. *348*

working under my personal supervision.

Student *Clayton K. Barnes*  
Student Embalmer

Signed *Joe B. Yoder*  
Licensed Embalmer No. *4173*

P. O. Address *K. C. 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 this body is not embalmed, fact should be so stated above.