.S. No. 300
EV. 10-48

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19657

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 85

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

0190 3

1. PLACE OF DEATH
a. COUNTY Cass.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Austin
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cass Co B. Hiway.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Austin 0190
d. STREET ADDRESS (If rural, give location) No Number

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Edward c. (Last) Crotty,
4. DATE OF DEATH (Month) (Day) (Year) June 10 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) Married.
8. DATE OF BIRTH Oct 19 1884
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 7 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Freeman Mo
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME John. M. Crotty
13b. MOTHER'S MAIDEN NAME Martha Moore
14. NAME OF ~~HUSBAND~~ OR WIFE Myrtle Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Rejected W.W.I
16. SOCIAL SECURITY NO. 499-10-7787
17. INFORMANT'S SIGNATURE OR NAME Myrtle Crotty ADDRESS Harrisonville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing Injury To Chest — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

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 019
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) Harrisonville (COUNTY) Cass (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 10 1950 6 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? No other car involved Car Turned over on Chest

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 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Barger (Degree or title) M.D.
23b. ADDRESS (Coroner) Harrisonville, Mo
23c. DATE SIGNED June 13, 1950

24a. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
24b. DATE June 13 50
24c. NAME OF CEMETERY OR CREMATORY Burford Cem.
24d. LOCATION (City, town, or county) Harrisonville (State) Mo.

DATE REC'D BY LOCAL REG. June 13, 1950
REGISTRAR'S SIGNATURE Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE Archie ADDRESS Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 17 1950
CASS COUNTY
HEALTH DEPARTMENT

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 Floyd Atkinson
Licensed Embalmer No. 3920
P. O. Address Harrisonville 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.