S. No. 300
v. 10.48

FILED SEP 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31175

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lawson
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lawson
d. STREET ADDRESS (If rural, give location):

0890

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): CLIFTON
c. (Last): CROWLEY

4. DATE OF DEATH (Month) (Day) (Year): Sept 12 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 27 1867
9. AGE (In years last birthday): 84 — If under 1 year: Months 7, Days 15, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lawson Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Crowley
13b. MOTHER'S MAIDEN NAME: Ann Fullen
14. NAME OF HUSBAND OR WIFE: Margaret Crowley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. C. Crowley
ADDRESS: Lawson Mo

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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Cardio Renal Vascular Disease — 10 yrs.
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: 4/201
20. AUTOPSY? YES ☐ NO ☒

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) Lawson (COUNTY) Ray (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1949, *to* Sept. 12, 1951, *that I last saw the deceased alive on* Sept 11, 1951, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Otis Buehrer (Degree or title): M.D.
23b. ADDRESS: Lawson Mo.
23c. DATE SIGNED: Sept. 13, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 14 '51
24c. NAME OF CEMETERY OR CREMATORY: Lawson Cemetery
24d. LOCATION (City, town, or county): Lawson (State): Mo

DATE REC'D BY LOCAL REG.: Sept 13, 1951
REGISTRAR'S SIGNATURE: Mrs Raymond Grove
364
25. FUNERAL DIRECTOR'S SIGNATURE: Harman Pritchard
ADDRESS: Lawson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
17 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

NOV 1 1951

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 Lindell K. Jasman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.