

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38603**
Registrar's No. **5104**

FILED DEC 6 1952
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BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 2903 Holmes	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3438

3. NAME OF DECEASED (Type or Print) a. (First) Carol		b. (Middle) Lorraine		c. (Last) Crow		4. DATE OF DEATH (Month) (Day) (Year) 10 31 52	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 10-30-1952	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		IF UNDER 60 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Jackson, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.							

13a. FATHER'S NAME Herman Jay Crow		13b. MOTHER'S MAIDEN NAME Joyce Lorene Bell		14. NAME OF HUSBAND OR WIFE none	
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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. none		17. INFORMANT'S SIGNATURE OR NAME Record Clerk-General Hospital No. 1		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fetal atelectasis and congestion				INTERVAL BETWEEN ONSET AND DEATH	
		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.				76	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE		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 Oct. 30, 1952, to Oct. 31, 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 1:15A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 10-31-52	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 11-21-52		24c. NAME OF CEMETERY OR CREMATORIUM Field Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City MO	
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DATE REC'D BY LOCAL REG. 11-22-52		REGISTRAR'S SIGNATURE Sheraldine Smith		25. EMERALD DIRECTOR'S SIGNATURE W. L. Sawyer		ADDRESS KC MO	
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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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wm A. Robinson

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *W 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.