

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24721**
Registrar's No. **3646**

42752-53
FILED **AUG 13 1953**

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 admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) LIBERTY	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 14 W. SOUTH VILLAGE DRIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION CONLEY MATERNITY HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) AMELIA	b. (Middle) JAN	c. (Last) CROCKETT	4. DATE OF DEATH (Month) (Day) (Year) 7-22-53
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 7-19-53
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 2	IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME HAROLD RAYMOND CROCKETT	13b. MOTHER'S MAIDEN NAME BONNIE JEAN BROSEMER	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Harold Crockett ADDRESS Liberty 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epistaxis INTERVAL BETWEEN ONSET AND DEATH 6 hr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Erythroblastosis fetalis DUE TO (b) 3 day DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1750	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.	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 7-19 , 19 53 , to 7-22 , 19 53 , that I last saw the deceased alive on 7-21 , 19 53 , and that death occurred at 1:05 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wilbur T. Hill (Degree or title)	23b. ADDRESS Liberty, Missouri	23c. DATE SIGNED 7/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-23-53	24c. NAME OF CEMETERY OR CREMATORY White Chapel Cem	24d. LOCATION (City, town, or county) (State) North Kansas City Mo
DATE REC'D BY LOCAL REG. 7-24-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Legler Parley ADDRESS Funeral Home Liberty Mo	

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

Charles F. Tyle

Licensed Embalmer No. _____

45134

P. O. Address _____

Lehigh Ave.

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.