No. 300
10.48

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

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28133

BIRTH NO. 50630 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Cooper Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 4 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2199
d. STREET ADDRESS (If rural, give location): 4363 Laclede Ave. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): Lou
c. (Last): Crowley

4. DATE OF DEATH (Month) (Day) (Year): Aug. 8, 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 8
8. DATE OF BIRTH: Aug. 4, 1953
9. AGE (In years last birthday): --
If under 1 year: Months --, Days 4
If under 24 hrs.: Hours --, Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never worked
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Cooper Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Billy Christopher Crowley
13b. MOTHER'S MAIDEN NAME: Irene Sultrop
14. NAME OF HUSBAND OR WIFE: None

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Billy C. Crowley
ADDRESS: St Louis, 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) Fetal atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Reduplication of stomach with pneumoperitoneum — 3 days

19a. DATE OF OPERATION: 8-6-53
19b. MAJOR FINDINGS OF OPERATION: Same as II above 7625
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) (COUNTY) (STATE)
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* Aug 4, 1953, *to* Aug 8, 1953, *that I last saw the deceased alive on* Aug 8, 1953, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray B Lewis (Degree or title) M.D
23b. ADDRESS: Boonville, Mo
23c. DATE SIGNED: 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/10/53
24c. NAME OF CEMETERY OR CREMATORY: Richland Cemetery
24d. LOCATION (City, town, or county) (State): Howard Co. Missouri

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: D B Hooper 381 0
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph A Carr
ADDRESS: Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, ~~or by~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.