

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032054

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 71 Primary Registration District No. 3014 Registrar's No. 70

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Excelsior Springs</i>		c. CITY OR TOWN <i>Lawson</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Excelsior Springs Hospital</i>		d. STREET ADDRESS <i>name</i>	
3. NAME OF DECEASED (Type or print) First <i>CORA</i> Middle <i>ANN</i> Last <i>CROWLEY</i>		4. DATE OF DEATH Month <i>September</i> Day <i>6</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>December 27, 1922</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>35</i>
13a. FATHER'S NAME <i>Robert M. Hunter</i>		14. NAME OF HUSBAND OR WIFE <i>Frank J. Crowley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mrs Anabel Smith</i>		Address <i>Lawson Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>331 X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral hemorrhage 5 weeks ago</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>2:30</i> Month, Day, Year <i>8-6-58</i> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Lawson Mo</i>	
21. I attended the deceased from <i>Aug 1953</i> to <i>9-6-58</i> and last saw ^{her} alive on <i>8-6-58</i> Death occurred at <i>2:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>George E. Sanders M.D.</i>		22b. ADDRESS <i>Excelsior Springs, Mo</i>	
22c. DATE SIGNED <i>9-9-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>September 9 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lawson Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lawson Mo</i>
24. FUNERAL DIRECTOR <i>Jarman Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>9/30/58</i>	26. REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Lindsey Jarman*

Licensed Embalmer No. *4589*
P. O. Address *Essex 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.