

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009345
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1375

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF HOSPITAL OR INSTITUTION WALNUT NURSING HOME		d. STREET ADDRESS 4408 HARRISON STREET	
Length of stay in 1b 15 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GROVER CLEVELAND CROWLEY			4. DATE OF DEATH Month Day Year MARCH 13 1959			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 2, 1886	9. AGE (In years last birthday) 72		F UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
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10. USUAL OCCUPATION (Give kind of work done or business in which engaged, or profession if retired) RETIRED 5 YEARS FARMING & MILLING DIVISION		10b. KIND OF BUSINESS OR INDUSTRY - SUNSHINE MILLING		11. BIRTHPLACE (City and state or country) LAWSON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
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13a. FATHER'S NAME JAMES M. CROWLEY		13b. MOTHER'S MAIDEN NAME MARY ELIZA MOSS		14. NAME OF HUSBAND OR WIFE MRS. ADDIE B. CROWLEY			
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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. unknown		17. INFORMANT Address 4408 HARRISON STREET MRS. ADDIE B. CROWLEY KANSAS CITY, MISSOURI			
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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>Leathes vasculum hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Several hrs</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)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		
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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	
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21. I attended the deceased from Death occurred at Jan 4, 1959 to Mar 13, 59 and last saw her alive on Mar 1, 1959 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) Philip H. Reister MD			22b. ADDRESS 578 Argyle Bldg.			22c. DATE SIGNED 3/13/59		
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MARCH 16, 1959		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town or county) (State) LAWSON MISSOURI	
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-16-59		26. REGISTRAR'S SIGNATURE Neva Marshall	
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(Licensed Embalmer's Statement on Reverse Side)

Philip D. Reister, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. All diseases in Part I must be causally related.

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 *Chester K Brown*

Licensed Embalmer No. *4931*
P. O. Address *KC 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.