

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-029024

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4003

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 6 days	c. CITY OR TOWN Oswatomie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 438 Walnut	
3. NAME OF DECEASED (Type or print) First Earl Middle H. Last Crowe			4. DATE OF DEATH Month Aug. Day 16, Year 1959		
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 3-28-91	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) Holden, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME William Crowe		13b. MOTHER'S MAIDEN NAME Jennie F. Bridges		14. NAME OF HUSBAND OR WIFE Emma F. Crowe	
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. 512-07-9238	17. INFORMANT Address Oswatomie, Ks. Emma F. Crowe, 438 Walnut,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) anoxemia					48 hours
DUE TO (b) Pulmonary emphysema					5-10 years
DUE TO (c) asthmatic humilitis					several years unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal condition on date of death sinus bradycardia for several days on 8/15/59 arteriosclerotic heart disease class III (cor pulmonale)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year				
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			
21. I attended the deceased from August 11, 1959 to August 16, 1959 and last saw her alive on August 16, 1959 Death occurred at 9:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. Comer Bates, M.D.			22b. ADDRESS 2730 South West Antioch Centy Kansas City 16 Mo		22c. DATE SIGNED 8/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-17-59	23c. NAME OF CEMETERY OR CREMATORY Oswatomie Cem		23d. LOCATION (City, town, or county) (State) Oswatomie, Kansas	
24. FUNERAL DIRECTOR ADDRESS G. Stine & McClure, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 8-18-59	26. REGISTRAR'S SIGNATURE Neve Minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Comer Bates

1:00 p.m. - 4 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas A. Gaer

Licensed Embalmer No. 4993

P. O. Address H.C., N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.