

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6084-62-042564  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

**FILED DEC 14 1962**

VS 300  
Rev. 4/59

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2 6X58  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF William R. Donerity MEDICAL CERTIFICATION

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>  |   | Length of stay in 1b<br><b>29 Yrs.</b>  | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3640 Monterey</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>J.</b> Middle <b>Maxwell</b> Last <b>Crawley</b>  |   |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>1</b> Year <b>1962</b>  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2-6-1906</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Driver</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Grayhound Bus Lines</b>   | 9. AGE (last birthday)<br><b>56</b><br>IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 11a. BIRTHPLACE (City and state or country)<br><b>Portage, Ohio</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |  |
| 13a. FATHER'S NAME<br><b>George W. Crawley</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Florence Craig</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Velma B. Crawley</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 17. INFORMANT<br>Address <b>Kansas City N, Mo</b><br><b>Mrs. Velma B. Crawley-3640 Monterey</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b><br>DUE TO (c) <b>Carcinoma of Pancreas</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 1/2 days</b><br><b>6 mos.</b><br><b>Unknown</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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<br>COUNTY _____ STATE _____   |
| 21. I attended the deceased from <u>Sept 6 2</u> to <u>11-30-62</u> and last saw her him alive on <u>11-30-62</u><br>Death occurred at <u>5:30 (12-1-62)</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><b>Dr. William R. Donerity M.D.</b> (Degree or title)  |   | 22b. ADDRESS<br><b>5108 W. 75th Prairie Village, Mo</b>   | 22c. DATE SIGNED<br><b>12-3-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Dec. 3-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>White Chapel Mem. Gardens</b>  | 23d. LOCATION (City, town, or county)<br><b>Gladstone, Missouri</b> (State)  |
| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer's Sons-North Kansas City, Mo.</b> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-3-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

STATE OF MISSOURI

DEPARTMENT OF HEALTH

CERTIFICATE OF EMBALMING

State of Missouri, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

I, \_\_\_\_\_

do hereby certify that the body of \_\_\_\_\_

was embalmed by me, \_\_\_\_\_

or by \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

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

*Marion D. Preston*

Licensed Embalmer No. 5040

P. O. Address No. R. C. 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.