

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6080

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1325

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Tulsa</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tulsa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Hospital U</u>		d. STREET ADDRESS (If rural, give location) <u>2522 N. 76th East Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cheryl</u> b. (Middle) <u>Ann</u> c. (Last) <u>Crombie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 6, 1947</u>
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Muskogee, Okla.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Wayne Crombie</u>	
13b. MOTHER'S MAIDEN NAME <u>Jeanne Fanning</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Crombie, Tulsa, Okla.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease - Tetralogy of Fallot</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15' 7 5/8 H</u>	
19a. DATE OF OPERATION <u>Feb. 11, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tetralogy of Fallot - died of cardiac arrest at time of operation</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-29-1949</u> , to <u>2-11-1949</u> , that I last saw the deceased alive on <u>2-11-1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Merle J. Carson, M.D.</u>		23b. ADDRESS <u>Childrens Hospital</u>	
23c. DATE SIGNED <u>2-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Tulsa, Okla.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 13 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington Blvd.</u>	

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

NR 9

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.

Signed _____

Robert M. Murray

Licensed Embalmer No. *3749*

Signed _____
Student Embalmer

P. O. Address *St. Louis, 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.