

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 4 1950

State File No. **36177**  
Registrar's No. **1342**

BIRTH NO.		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>1342</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		<b>0117</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Burlington Tracks St&amp;Mitchell</b>			d. STREET ADDRESS (If rural, give location) <b>1006 South 10th Street</b>		
3. NAME OF DECEASED (Type or Print) <b>Edward</b>		a. (First)	b. (Middle) <b>Phillip</b>	c. (Last) <b>Crowley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 24, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>April 8, 1889</b>	9. AGE (In years last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Cornelius C. Crowley</b>		13b. MOTHER'S MAIDEN NAME <b>Johannah Muchlenbacher</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C.C. Steffens 1916 No. 2nd St. Joseph, Mo</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Body mangled under wheels of a Deisel switch engine</b> ANTECEDENT CAUSES <b>Man was fatally injured when a switch engine ran over the man's abdomen, and</b> DUE TO (b) <b>Causing numerous injuries to his entire body sufficient to cause instant death</b> DUE TO (c) <b>when a switch engine ran over the man's abdomen, and</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>35-</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Railroad yards</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph / Buchanan MO</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 24 - 1950 1:15 A</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>RAN OVER by Switch Engine</b>		
22. I hereby certify that I attended the deceased from <b>11/24, 1950</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:15 A.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>H. F. Mundy M.D. (Coroner)</b>			23b. ADDRESS <b>St. Joseph Mo</b>		23c. DATE SIGNED <b>11/24/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 25, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 1, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl E. Caruso</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Horton Bowman Funeral Home St. Joseph, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 4 1957

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 .....  
Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. York

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.