

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 1951

State File No. 22994
2880

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2880

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| 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, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 7 years | | d. STREET ADDRESS (If rural, give location) 4141 Harrison 2638 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Harry | b. (Middle) E. | c. (Last) Crocker | 4. DATE OF DEATH (Month) (Day) (Year) 7 4 51 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH July 31 1883 |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook | 11. BIRTHPLACE (State or foreign country) Canonsburg, Pa. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Memorah Hospital | 12. CITIZEN OF WHAT COUNTRY? |

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| 13a. FATHER'S NAME James Crocker | 13b. MOTHER'S MAIDEN NAME Mary E. Faloney | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 500-28-1384 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Adda McGaw, Mission, Kansas | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dilatation and hypertrophy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary fibrosis and emphysema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 525X |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from June 18, 19 51, to July 4, 19 51, that I last saw the deceased alive on July 4, 19 51 and that death occurred at 6:30P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE B. J. Burns M.D. (Degree or title) | 23b. ADDRESS 24th & Cherry | 23c. DATE SIGNED 7-5-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 7, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 7-7-51 | REGISTRAR'S SIGNATURE Heraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME? ADDRESS K.C. KANSAS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

H. Kalma

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 S. Vuckelhan*
Licensed Embalmer No. *4092*

P. O. Address *Mission, Dan*

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.