

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31558**
3864

FILED SEP 27 1952

BIRTH NO. 50508 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. _____

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 OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 1 MONTH		d. STREET ADDRESS (If rural, give location) 706 E 9th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		3138	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) EVELYN c. (Last) Crowley			4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 52		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH 7-31-52		9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Days 1 IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI	
12. COUNTRY OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CARL CLIFFORD CROWLEY		13b. MOTHER'S MAIDEN NAME DOROTHY MAE STILVELL		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. DOROTHY MAE CROWLEY ADDRESS 706 EAST 9th ST. KANSAS CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea and dehydration Clinical		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) @ pulmonary edema			
		DUE TO (c) acute interstitial pneumonia			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				525X	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 8-30, 1952, to 8-31, 1952, that I last saw the deceased alive on 8-31, 1952 and that death occurred at 5:30a m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 9-1-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 2-1952		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			
DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE Sheldine Holmes			

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

Dr. Conroy

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

Edward M. Kloug

Licensed Embalmer No. *4452*

P. O. Address *K.C. 14 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.