

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34942  
4633

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>MISSION</b>		d. STREET ADDRESS (If rural, give location) <b>5611 ROE BLVD.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUCES HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b>	b. (Middle) <b>E.</b>	c. (Last) <b>CROWLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT-21-1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE-29-1904</b>	9. AGE (In years last birthday) <b>48</b>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HUDSON OIL STORE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BROOKFIELD MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>HENRY A. CROWLEY</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH M. MOMBWELL</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. EVELYN COX CROWLEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-16-8184</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EVELYN COX CROWLEY</b>	ADDRESS <b>5611 ROE BLVD. MISSION KANSAS</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

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)	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 **7 Oct**, 19**52**, to **21 Oct**, 19**52**, that I last saw the deceased alive on **20 Oct 1952** and that death occurred at **5:00A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>K. W. Garbaugh</b> (Degree or title)	23b. ADDRESS <b>Mission, Kansas</b>	23c. DATE SIGNED <b>22 Oct 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT-23-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>10-23-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>O.N. Newsome's Sons</b>	ADDRESS <b>1331-BRUSH CREEK KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 7 1964

Mc  
K

1-5  
1964  
James  
Covey, Missouri

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City, 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.