

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33847

State File No.

4587

FILED OCT 20 1954

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIT 15A-19TH PROSPECT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>UNIT 15A-19TH PROSPECT</u>		3228	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RICHARD</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>CROWBARKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 31, 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WATER DEPT. K.C.M.D.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GEORGETOWN, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>
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13a. FATHER'S NAME <u>HARRISON CROWBARKER</u>	13b. MOTHER'S MAIDEN NAME <u>NELLIE HAWKINS</u>	14. NAME OF HUSBAND OR WIFE <u>ALBERTA CROWBARKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>496-09-0572</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALBERTA CROWBARKER</u> ADDRESS <u>15A-PROSPECT</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9-13-54</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arterio insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>6-1954</u>	

19a. DATE OF OPERATION <u>6</u>	19b. MAJOR FINDINGS OF OPERATION <u>0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-13, 1954 to 9-26, 1954 that I last saw the deceased alive on 9-26, 1954 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. M. Miller (Degree or title)	23b. ADDRESS <u>1816 Vine St. Mo.</u>	23c. DATE SIGNED <u>9-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>	24b. DATE <u>10-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-1-54</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros.</u> ADDRESS <u>18th. & Benton</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *John R. Sidman*

Licensed Embalmer No. *45*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.