

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 822

4720

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 822

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
E. L. Gehrke

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>38 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>3711 E 11th</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Winta Floyd Crowley</u> a. (First) <u>Winta</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Crowley</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2 21 - 55</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov 21 - 1882</u>
<b>9. AGE</b> (In years last birthday) <u>72</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Eldon Missouri</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House wife</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Horace Henry</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ella Stungis</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Charles Crowley</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Charles Crowley</u> ADDRESS <u>3711 E 11th</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Ventricular fibrillation</u> ANTECEDENT CAUSES: <u>Cerebral hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____		<b>22. I hereby certify that I attended the deceased from <u>Feb 16, 1955</u>, to <u>Feb 21, 1955</u>, that I last saw the deceased alive on <u>Feb 21, 1955</u>, and that death occurred at <u>7:57</u> p.m., from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> (Type or Print) <u>E. L. Gehrke</u>		<b>23b. ADDRESS</b> <u>Lake Side Hwy</u>	
<b>23c. DATE SIGNED</b> <u>2-21-55</u>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	
<b>24b. DATE</b> <u>Feb-23-1955</u>		<b>24c. NAME OF CEMETERY OR GREGATORY</b> <u>Masonic</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Lepton, Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Mrs. C. L. Forster</u> ADDRESS <u>Funeral Home, Kas. City Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2-23-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Neva Marshall</u>	

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.....  
*J. Virgil Herne*

Licensed Embalmer No. 35

P. O. Address *J. C. M.*

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.