

FILED AUG 8 - 1956

## STANDARD CERTIFICATE OF DEATH

23663  
STATE FILE NUMBER

3167

258 962-86 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution of Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Watte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Kansas City Mo</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Parkville 2830</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i> Length of stay in lb <i>1 da.</i>		d. STREET ADDRESS (If outside, give location) <i>Rt 6 Bx 30</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Patricia Crowder</i> First Middle Last		4. DATE OF DEATH <i>July 21 - 1956</i> Month Day Year	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 20 - 1956</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home - Infant</i>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <i>24</i> Months Days Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home - Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <i>Kansas City Mo</i>
11. BIRTHPLACE (City and state or country) <i>Kansas City Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>Don't Know</i>		14. MOTHER'S MAIDEN NAME <i>Ester Crowder</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Calvin Crowder</i> Address <i>Parkville Mo</i>		18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Central Respiratory Collapse</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Premature Infant - 7mo gestation</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY. Hour, Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		21. I attended the deceased from <i>7-20-56</i> to <i>7-21-56</i> and last saw her/him alive on <i>7-21-56</i> Death occurred at <i>6:30 am</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Bernard I. Mullins M.D.</i> (Degree or title)		22b. ADDRESS <i>1806 Swift St. Parkville Mo</i>	
22c. DATE SIGNED <i>7-21-56</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>July 21 - 56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Walnut Grove</i>	
23d. LOCATION (City, town, or county) <i>Parkville</i>		23e. (State) <i>Mo</i>	
24. FUNERAL DIRECTOR <i>Leboud St Francis Parkville</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>7-21-56</i>	
26. REGISTRAR'S SIGNATURE <i>newa minshall</i>			

(Licensed Embalmer's Statement on Reverse Side)

300  
-56

Health, Welfare  
Public Service

ALL diseases in Part I must be causally related. Certifier cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Certifier cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

6 mo baby      Cavity work only      Par  
I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed J. H. Francis .....

Licensed Embalmer No. 343

P. O. Address Parkville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.