

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001260

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 397

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| 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1015 Armour | | Length of stay in lb 35 Yrs | d. STREET ADDRESS (If outside, give location) 1015 Armour Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ELEANOR Middle SHIRLEY Last CROSBY | | | 4. DATE OF DEATH Month 8 Day 9 Year 1959 1-26-1959 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-9-1889 1-26-1959 |
| 9. AGE (In years, Months, Days) 69 | | 10a. USUAL OCCUPATION (Give kind of work done in the past 12 months, or during life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Domestic |
| 11. BIRTHPLACE (City and state or country) Lamar, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Dr. L. C. Crosby-Decease |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> or unknown) (If yes, give war or States of service) X | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Jack M. Whitsett Address 4214 W. 70th. |
| 18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adeno-carcinoma Frontal lobe brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Adeno-carcinoma right breast DUE TO (c) Adeno-carcinoma Cervix | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos Aug 1956 Sept 1956 |
| 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 _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE | |
| 21. I attended the deceased from April 1949 , to 1-20-59 and last saw her/him alive on 1-19-59 Death occurred at 9-35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE A. E. Vaughn, D.O. | | 22b. ADDRESS 1333 Linwood Blvd., K.C. | |
| 22c. DATE SIGNED 1-22-59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-22-1959 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
| 24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc ADDRESS | | 25. DATE RECD. BY LOCAL REG. 1-22-59 | 26. REGISTRAR'S SIGNATURE neva mendhall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A. E. Vaughn

All diseases in Part I must be causally related.

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. Dism*
Licensed Embalmer No. *4536*
P. O. Address *Kansas*

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.