

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21828

State File No. ....

*Available*  
FILED - JUL 9 - 1953

REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 274

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Independence</i>		c. CITY OR TOWN <i>Independence</i>	
c. LENGTH OF STAY (In this place) <i>8 yrs</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Indep. Sanitarium</i>		e. STREET ADDRESS (If rural, give location) <i>108 E. Linden 1100</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lenore</i> b. (Middle) <i>—</i> c. (Last) <i>Maple</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 30, 1953</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec 27, 1871</i>
9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i>	IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Lamoni, Iowa</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13. FATHER'S NAME <i>George W. Crosby</i>	
13b. MOTHER'S MAIDEN NAME <i>Alice J. Graham</i>		14. NAME OF HUSBAND OR WIFE <i>Mr. A. Crosby</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mildred Hofinger 108 E. Linden</i>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>years</i> ANTECEDENT CAUSES Morbid 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. <i>Diabetes Mellitus 2 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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?			
22. I hereby certify that I attended the deceased from <i>June 27, 1953</i> , to <i>June 30, 1953</i> , that I last saw the deceased alive on <i>June 30, 1953</i> , and that death occurred at <i>12 P.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Chas. Groboc, M.D.</i>		23b. ADDRESS <i>Independence, Mo.</i>	
23c. DATE SIGNED <i>7/1/53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>July 3, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Ridgeway Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Ridgeway, Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wilton L. Topley Indep. Mo</i>	
DATE REC'D BY LOCAL REG. <i>7-2-53</i>		REGISTRAR'S SIGNATURE <i>James H. Esig</i>	

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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.....  
*Wilton L. Kelsey*

Licensed Embalmer No. *4225*

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