

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24724

State File No.

3629

FILED AUG 13 1953

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

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 OR TOWN KANSAS City		c. CITY OR TOWN KC	
c. LENGTH OF STAY (In this place) 3 days		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 St. Vincents Hosp		e. STREET ADDRESS (If rural, give location) 1228 Olive 3258	

3. NAME OF DECEASED (Type or Print) Anita Louise Crosby			4. DATE OF DEATH (Month) (Day) (Year) July 20-1953		
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 17-1953	9. AGE (In years last birthday) 3	10. MONTHS (Day) (Year) 2
10a. USUAL OCCUPATION (If kind of work done during most of working life, if not stated)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KC. Missouri	
Infant				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Joe-Benjamin Crosby		13b. MOTHER'S MAIDEN NAME LOUISE WALKER		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Tennessee Louise Crosby	
				ADDRESS 1228 Olive	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7605
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoidal-hemorrhage OF the BRAIN		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) Birth weight 2lb-14oz.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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 7-17, 1953, to 7-20, 1953, that I last saw the deceased alive on 7-20, 1953, and that death occurred at 10:15^{PM}, from the causes and on the date stated above.

23a. SIGNATURE Eugene P. Chatman (Degree or title) M.D.		23b. ADDRESS 2202 1/2 East 18th St. KC Mo		23c. DATE SIGNED 7/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-23-53		24c. NAME OF CEMETERY OR CREMATORY Westlawn	
24d. LOCATION (City, town, or county) Kansas City, Kansas		24e. DATE REC'D BY LOCAL REG. 7-23-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. H. Jones		ADDRESS 440 State		K. C. Kansas	

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... *Engene English*

Licensed Embalmer No... *4105*

P. O. Address... *490 State*

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.