

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40492

State File No. \_\_\_\_\_

FILED DEC 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5101

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>38 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>Osteopathic Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2840 Elmwood</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Noah</b>	b. (Middle) <b>T.</b>	c. (Last) <b>Crosby</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 22 55</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 1, 1886</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man (ret.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bendix Aviation Corp. Abilene, Kansas</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>James Crosby</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Meek</b>	14. NAME OF HUSBAND OR WIFE <b>Malinda Bell Crosby</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-05-7905A</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bernice McDaniel, 703 Benton Blvd.</b>

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) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Lung</b> DUE TO (c) <b>Carcinoma of prostate</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Serulity</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>177X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>no.</b>	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 11-5-55 to 11-22-55, that I last saw the deceased alive on 11-22-55, and that death occurred at 7:55 A.M. from the causes and on the date stated above.

23a. SIGNATURE <b>A. A. Choquette</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>500 Bayou Path</b>	23c. DATE SIGNED <b>11/23/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Egyptian Hills Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Salina, Kansas</b>

DATE REC'D BY LOCAL REG. <b>11-24-55</b>	REGISTRAR'S SIGNATURE <b>Neal Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, 1800 E. Linwood</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

6.300  
0.48

Dr. Chosen  
Interpretive  
11/1/22  
10-11/22

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 *Ivan E. Miller*.....

Licensed Embalmer No. *49*.....

P. O. Address *K.C., 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.