

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009879  
STATE FILE NUMBER  
1523

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1523

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		c. CITY OR TOWN KANSAS CITY 3/3	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 514 EAST 9 <sup>TH</sup> ST.		d. STREET ADDRESS (If outside, give location) 514 EAST 9 <sup>TH</sup> STREET	
3. NAME OF DECEASED (Type or print) First Middle Last VERNON L CROSBY		4. DATE OF DEATH Month Day Year MAR - 21 - 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 25 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE WAY		10b. KIND OF BUSINESS OR INDUSTRY MILWAUKEE R.R.	11. BIRTHPLACE (City and state or country) DETROIT, MICHIGAN
13a. FATHER'S NAME George Crosby		13b. MOTHER'S MAIDEN NAME WILLIE VIOLA MOYE	14. NAME OF HUSBAND OR WIFE /
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. -	17. INFORMANT George L. Crosby Address 537 GLADSTONE BLVD KANSAS CITY, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Edema</u> DUE TO (b) <u>Status Epilepticus</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH  3532
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 COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>11:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ed Spooler, M.D.</u> (Degree or title)		22b. ADDRESS 6627 Pleasant St	22c. DATE SIGNED 3-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE MAR. 24. 1958	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	23d. LOCATION (City, town, or county) (State) KANSAS CITY Missouri
24. FUNERAL DIRECTOR D.W. NEWCOMER SONS		25. DATE RECD. BY LOCAL REG. 3-24-58	26. REGISTRAR'S SIGNATURE Newa Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *V D W*, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Marvin D. Preston* .....

Licensed Embalmer No. *5040*  
P. O. Address. *Smithville, Va*

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.