

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001258

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 179

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. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2411 EAST 69 <sup>th</sup> TERR.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 42 YEARS		d. STREET ADDRESS (If outside, give location) 2411 EAST 69 <sup>th</sup> TERR.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last JESSIE MYRTLE CRABB			4. DATE OF DEATH Month Day Year JAN. 8 - 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6 - 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DENNISON, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JIM ELGIN		13b. MOTHER'S MAIDEN NAME ALICE MALOTT	14. NAME OF HUSBAND OR WIFE ROBERT S. CRABB
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 ROBERT S. CRABB
Address 2411 EAST 69 <sup>th</sup> TERR. OF 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) Congestive Heart Failure months. DUE TO (b) Arteriosclerotic Heart Disease years. DUE TO (c) 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 Month, Day, Year 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 1-2-59 to 1-8-59 and last saw her alive on 1-8-59 Death occurred at 11:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE V B Ballard (Degree or title)		22b. ADDRESS 4111 Nichols Rd K.C.Mo	22c. DATE SIGNED 1-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 12. 1959	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. Newcomers Sons-KANSAS City, Mo.	25. DATE RECD. BY LOCAL REG. 1-12-59	26. REGISTRAR'S SIGNATURE new Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
ALL DISCREPANCIES IN PART I MUST BE CAREFULLY RECORDED  
V. B. Ballard

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 *Norman W. Sherman* .....  
Licensed Embalmer No. *4889* .....  
P. O. Address *A. C. Ho* .....

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.