RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959

59-032718

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5572 Registrar's No. 200

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp
Length of stay in 1b 5 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Oak Grove Rural
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Tarsney Lake
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle - Last Crose

4. DATE OF DEATH Month Sept Day 10 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Dec 17 1881

9. AGE (last birthday) 77

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Retired

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Moberly, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Marion Crose

13b. MOTHER'S MAIDEN NAME Etta Jones

14. NAME OF HUSBAND OR WIFE Bessie Crose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 487-16-6246

17. INFORMANT Bessie Crose Address Oak Grove 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) Arteriosclerotic Heartdisease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-7-59, to 9-10-59 and last saw ~~him~~ him alive on 9-10-59

Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Hagen (Degree or title) M.D.

22b. ADDRESS Lee's Summit Mo

22c. DATE SIGNED 9/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept 12 1959

23c. NAME OF CEMETERY OR CREMATORY Memorial Park.

23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Blue Springs Mo.

25. DATE RECD. BY LOCAL REG. 9-12-59

26. REGISTRAR'S SIGNATURE M Langford

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1959

OCT 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ —, Student Embalmer No. —

working under my personal supervision.

Student — Signature of Student Embalmer

Signed William Frew

Licensed Embalmer No. 4733

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.