

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

632

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3291 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Imp.</u>		c. LENGTH OF STAY (in this place) <u>6 WKS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stamberg</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200.F. Hosp.</u>					
3. NAME OF DECEASED (Type or Print) <u>ELIZA O. CRANOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 25 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 14 - 1876</u>		9. AGE (In years last birthday) <u>72</u> <u>8</u> <u>11</u> <u>Hours</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George E. Cranor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>200.F. Home - Records</u>			
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) <u>Cardiac decompensation & auricular fibrillation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>far advanced generalized peripheral arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left hemiplegia 1/31</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>6 mo.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) <u>L</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>14 Dec</u> , 19 <u>48</u> , to <u>25 Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>24 Jan</u> , 19 <u>49</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. W. Johnson MD</u> (Degree or title)		23b. ADDRESS <u>Stebitz Mo</u>		23c. DATE SIGNED <u>25 Jan 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>Jan-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stamberg</u>	24d. LOCATION (City, town, or county) (State) <u>Stamberg Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 20 - 1949</u>	REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>	64	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Church - Archer Co. Liberty Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-49

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
Student Embalmer

Signed John S. Anderson

Licensed Embalmer No. 4448

P. O. Address Liberty 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 this body is not embalmed, fact should be so stated above.