

FILED JAN 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1320

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b> <i>U.S.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 Years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Crest Haven Home</b> <i>4</i>		d. STREET ADDRESS (If rural, give location) <b>3516 Summit</b>	
3. NAME OF DECEASED (Type or Print) <b>Mrs. Cora Lyman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 6 49</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b> <i>3</i>	8. DATE OF BIRTH <b>Mar. 7, 1864</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months   Days <b>9 12</b>	IF UNDER 24 HRS. Hours   Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Iowa</b> <i>1</i>
12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William H. Crawford</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Ross</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</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>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Grace Beed</b> ADDRESS <b>3402 Harrison</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES <b>Senility, Fracture L. hip 6 mos</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>E 40<sup>20</sup></b> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 7 1949 12:45</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Fell when going to bath room.</b>		22. I hereby certify that I attended the deceased from <b>1946</b> , 19____, to <b>June</b> , 1949, that I last saw the deceased alive on <b>Jan 6 1949</b> , and that death occurred at <b>12:45 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>J. J. Cochrane M.D.</b>		23b. ADDRESS <b>315 Alameda Rd</b>	
23c. DATE SIGNED <b>Jan 7, 1949</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>1-8-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hampton, Iowa</b>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b> ADDRESS <b>3235 GILLHAM PLAZA</b>	
DATE REC'D BY LOCAL REG. <b>1-8-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	

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

J. J. Leckman  
Business Bldg.  
1-16-41 P. M.

**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 May C. Meyer  
.....

Licensed Embalmer No. 4555

P. O. Address Kansas city, 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.