

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2975

State File No. \_\_\_\_\_

318

1003

Registrar's No. 38

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. _____	Registrar's No. <b>38</b>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis 96</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn 0</b>		
c. LENGTH OF STAY (In this place) <b>40 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>RR 2530 Arden 8</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cora</b> b. (Middle) <b>Belle</b> c. (Last) <b>McCrackin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 3 1949</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 30, 1884</b>	9. AGE (In years last birthday) <b>64</b>
			IF UNDER 1 YEAR Months <b>5</b> Days <b>3</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Greencastle, Indiana /</b>
12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <b>Carl Hanamman</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Newsom</b>		14. NAME OF HUSBAND OR WIFE <b>Johnson M. McCrackin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Johnson M. McCrackin</b> ADDRESS _____
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) <b>Arteriosclerotic gangrene left leg</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>450 98</b>		
19a. DATE OF OPERATION <b>12-29-48</b>		19b. MAJOR FINDINGS OF OPERATION <b>Arterial occlusion left leg</b>		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) _____
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 <b>12-23, 1948</b> to <b>1-3, 1949</b> , that I last saw the deceased alive on <b>1-3, 1949</b> , and that death occurred at <b>3:15 a.m.</b> , from the causes and on the date stated above.				
23. SIGNATURE (Degree or title) <b>M. J. D.</b>		23b. ADDRESS <b>1755 S Grand</b>		23c. DATE SIGNED <b>1-3-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/5/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JAN 4 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Slaughter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. B. Tadmire</b> ADDRESS <b>6107 Natural Bridge</b>

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

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**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 *Justus W. Piutek*.....

Licensed Embalmer No. *4329*.....

P. O. Address *St Louis 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.