

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12248

State File No.

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4334 Registrar's No. 19

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

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ironton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>	
c. LENGTH OF STAY (If in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clara</u>	b. (Middle) <u>Georgina</u>	c. (Last) <u>McCraw</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1949</u>
-------------------------------------	-------------------------	-----------------------------	-------------------------	---

5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 18 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
-------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ironton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>Louie Giovanoni</u>	13b. MOTHER'S MAIDEN NAME <u>Justina Grandhomme</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. McCraw</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Holland</u>	ADDRESS <u>Ironton Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		<u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u>		
	DUE TO (c) <u>Chronic myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>440X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 March 10, 1945 to April 22, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 12.45 p., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben M. Bull M.D.</u>	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>4-28-49</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>April 26-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Chris Jones</u>	128	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. White</u>	ADDRESS <u>White Funeral Home</u>
---	---	-----	---	-----------------------------------

RECEIVED

Health Officer No. 4

File Number 549

Date Filed 5-2-4

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 [Signature]

Licensed Embalmer No. 3012

P. O. Address [Address]

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.