

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33293

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u>		22
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>Home</u>		
3. NAME OF DECEASED (Type or Print), a. (First) <u>SARA H</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>CRANFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>1-27-1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days
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	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>DAVID M. LAIN</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY CHILCOAT</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE CRANFORD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. DELL CRANFORD, CLEVER, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 Minute</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)		
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>Sept</u> , 1948, to <u>October</u> , 1949, that I last saw the deceased alive on <u>October 15, 1949</u> , and that death occurred at <u>1:30 p m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Karl Leidinger MD</u>		23b. ADDRESS <u>Clever, MO</u>		23c. DATE SIGNED <u>10-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-16-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CASSVILLE MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>10-15-49</u>	REGISTRAR'S SIGNATURE <u>Allie Oliver</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris, Clever, Mo.</u>		

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

RECEIVED NOV 3 1949

District Health Office No. 6,

District File Number 1149-1113

Date Filed 11-3-49

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. 3565

working under my personal supervision.

Student Norman L. Thompson
Student Embalmer

Signed _____

John Alan Harris

Licensed Embalmer No. 4390

P. O. Address _____

Cleveland, 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.