

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4057

State File No.

FILED FEB 23 1950

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY CALDWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRECKENRIDGE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRECKENRIDGE	
c. LENGTH OF STAY (In this place) 72 YRS		0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) AIDEN b. (Middle) McCRARY c. (Last) McCRARY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 17 1950		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB. 16, 1877		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR (Months) 11 10. UNDER 12 MRS. (Days) 1 (Hours) 1 (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) DAVISS CO., MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME WESLEY McCRARY		13b. MOTHER'S MAIDEN NAME ANNA ELIZA BENNETT		14. NAME OF HUSBAND OR WIFE MAGGIE M. McCRARY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MAGGIE M. McCRARY BRECKENRIDGE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
		ANTECEDENT CAUSES Morbidity 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.		2900	

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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

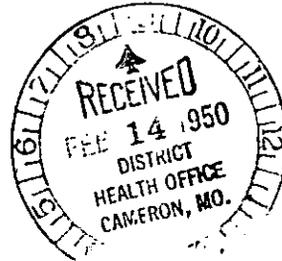
22. I hereby certify that I attended the deceased from Aug, 1944 to Jan 17, 1950, that I last saw the deceased alive on Jan 17, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J.W. Webb M.D. (Print or title)		23b. ADDRESS Breckenridge, Mo		23c. DATE SIGNED 1-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 19, '50		24c. NAME OF CEMETERY OR CREMATORY ROSE HILL	
				24d. LOCATION (City, town, or county) (State) BRECKENRIDGE, MO.	

DATE REC'D BY LOCAL REG. 2-8-50		REGISTRAR'S SIGNATURE Mrs. Nell B Jones 393		25. FUNERAL DIRECTOR'S SIGNATURE Gen C. Michael Braymer, Mo. ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

McCrory 330



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 _____

~~working under my personal supervision.~~ Student Embalmer No. _____

Signed _____

Lew C. Michael

~~Signed _____~~
~~Student Embalmer~~

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.