

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 29640-50 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 185

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 3306 E. 20th St.	

3. NAME OF DECEASED (Type or Print) a. (First) unnamed b. (Middle) baby c. (Last) Craig			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1950			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH May 8, 1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 12 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Craig	13b. MOTHER'S MAIDEN NAME Marguarette Riggs	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Henry Craig ADDRESS Kansas City, Mo.
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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) Generalized Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Prone birth (S-modystatic)		
	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7625

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 8, 1950 to May 9, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James G. Johnson M.D.	23b. ADDRESS 503-1st Natl Bank Bldg Independence Mo	23c. DATE SIGNED May 9, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Royal Hills	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. May 10-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo.
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MAY 15 1950

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 _____

Body was not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *R. L. Lisle* _____

Licensed Embalmer No. *4123* _____

P. O. Address *Independence, 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.