

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23135

State File No.

3191

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3191

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>1 WEEK</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>HARWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nursing Home 100 E. 34th St.</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>MARtha</u> b. (Middle) <u>D.</u> c. (Last) <u>McCRARY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-24-51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH-25-1869</u>
9. AGE (In years last birthday) <u>82 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>LEE COUNTY VIRGINIA</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JONATHAN DALTON</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA GILLY</u>	14. NAME OF HUSBAND OR WIFE <u>JASPER McCRARY</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 ADDRESS <u>WILLIAM McCRARY 4848 CAMPBELL ST. KANSAS CITY 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Smilely</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>33 hr</u>	
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) (Min.)	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>7-17</u> , 19 <u>51</u> , to <u>7-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-19</u> , and that death occurred at <u>5:15 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE OF REGISTRAR <u>W. A. GUSTING M.D.</u>		23b. ADDRESS <u>303 North Main Blvd</u>	23c. DATE SIGNED <u>7-24-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HARWOOD MISSOURI</u>
DATE RECD BY LOCAL REG. <u>7-26-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newcomer Sons 1331 BRASH Creek H.C., Mo.</u>	

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

12:00 - 5:00 P.M.

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 Jess T. Deeva

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.