

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12299

State File No. _____

FILED APR 24 1952

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give RURAL and township) <u>Rural West Peculiar Twp</u>		c. CITY (If outside corporate limits, give RURAL and township) <u>Rural West Peculiar Twp</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Belton, Mo 61911</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK</u> b. (Middle) <u>E.</u> c. (Last) <u>CRAYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 10 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 13-1891</u>		9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 WK. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working yrs, even if retired) <u>Real estate</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>Martin R Craver</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Arnold</u>				14. NAME OF HUSBAND OR WIFE <u>Alameda Craver</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alameda Craver</u>				ADDRESS <u>Belton, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary occlusion</u>											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>											
		DUE TO (c)											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)				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 April 2, 1952, to April 10, 1952, that I last saw the deceased alive on April 10, 1952, and that death occurred at 2p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry B. Neis M.D.</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>				23c. DATE SIGNED <u>4-11-52</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr 12-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>			
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DATE REC'D BY LOCAL REG. <u>Apr 12 1952</u>		REGISTRAR'S SIGNATURE <u>Nora Barwarden</u>				457-0				25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McElly-Cyan</u>				ADDRESS <u>Kansas City Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190
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SEP 29 1957

SEP 29 1957

RECEIVED
APR 19 1952
CASS COUNTY
HEALTH DEPARTMENT

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 *Ernest Remmenburger*
3368

Licensed Embalmer No.

P. O. Address *Harrisonville 4,*

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.