

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

2015

State File No. ....

**REC'D** JUL 5 1952  
BIRTH NO. 42035

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

Registrar's No. 2915

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>4 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>3511 Morrell</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Kevin</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Crazer</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>6</u> <u>26</u> <u>52</u>	
<b>5. SEX</b> M <u>0</u> W	<b>6. COLOR OR RACE</b> W	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) S <u>U</u>	<b>8. DATE OF BIRTH</b> <u>6/22/52</u>
<b>9. AGE</b> (In years last birthday) <u>4</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>C Kansas City, MISSOURI</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>	
<b>13a. FATHER'S NAME</b> <u>Clarence Thomas Crazer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Daurice Jean Green</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> ---		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No	
<b>16. SOCIAL SECURITY NO.</b> No		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Clarence Thomas Crazer</u>	
<b>17. ADDRESS</b> <u>3511 Morrell</u>		<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Subacute bacterial pneumonia</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subacute Hemorrhage</u> DUE TO (c) <u>Birth trauma</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>19c. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>19d. INTERVAL BETWEEN ONSET AND DEATH</b> <u>18 hours</u>	
<b>20. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21a. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21b. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>21d. (COUNTY)</b>	
<b>21e. (STATE)</b>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from June 22, 1952, to June 26, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 12:55 A.M. from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>John E. Linville, D.O.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>25 East 12th St. P.O. 612</u>	
<b>23c. DATE SIGNED</b> <u>6/25/52</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>6/28/52</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>K. C. Mo.</u>		<b>25. GENERAL DIRECTOR'S SIGNATURE</b> <u>Geraldine Holmes</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>6-27-52</u>		<b>25. ADDRESS</b> <u>K.C. Mo.</u>	

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

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 R. E. Carroll

Licensed Embalmer No. 4829

P. O. Address F. C. No.

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.