

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20795

FILED JUL 11 1952

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 101

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 town or township) Rural Prairie		c. LENGTH OF STAY (In this place) 3 mo. 24		c. CITY (If outside corporate limits, write RURAL and give township) Independence		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital				d. STREET ADDRESS (If rural, give location) Turner Rd. R # 3			
3. NAME OF DECEASED (Type or Print) Clyde		a. (First) Clyde		b. (Middle) A.		c. (Last) Craig	
4. DATE OF DEATH June 13, 1952		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 4-15-1880		9. AGE (In years) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		11. BIRTHPLACE (State or foreign country) Pennsylvania	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Craig		13b. MOTHER'S MAIDEN NAME Elizabeth Mackie		14. NAME OF HUSBAND OR WIFE Mrs. Fannie Craig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 512-19-4323		17. INFORMANT'S SIGNATURE OR NAME Leo Sackett		ADDRESS Indep., Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility (Bed fast) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 00				19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 2-22-52, 19, to 6-13-52, 19, that I last saw the deceased alive on 6-12-52, 19, and that death occurred at 10 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. C. Glemenschein, M.D.				23b. ADDRESS Indep., Mo.		23c. DATE SIGNED 6-13-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/14/52		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 6-13-52		REGISTRAR'S SIGNATURE Louise C. Emmit		FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Indep., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 7 1952

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.....
Student Embalmer

Signed *Charles E. Schroeder*

Licensed Embalmer No. *4741*

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.