

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5554

State File No.

FILED MAR 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>43</u>					
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>7 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>				<u>0402</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1106 E 9th</u>				d. STREET ADDRESS (If rural, give location) <u>1106 E 9th</u>				<u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u>			b. (Middle) <u>F A.</u>			c. (Last) <u>MCCRACKEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 6 1953</u>		
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>July 21 1892</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	IF UNDER 10 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist</u>			11. BIRTHPLACE (State or foreign country) <u>Trenton, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Matthew McCracken</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Stone</u>			14. NAME OF HUSBAND OR WIFE <u>Julia McCracken</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>708-14-2537</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DALE MCCRACKEN</u>			ADDRESS <u>Trenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Jan 1-53</u> <u>1 year</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>							
22. I hereby certify that I attended the deceased from <u>Jan 1 1953</u> to <u>Feb 6 1953</u> , that I last saw the deceased alive on <u>March 2 1953</u> and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>E.A. Duffy M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton Mo</u>			23c. DATE SIGNED <u>Mar 7 53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAR 8 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>1007 Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>3-8-53</u>		REGISTRAR'S SIGNATURE <u>June Jain</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAVIS-BLACKMORE Trenton, Mo.</u>						

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

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10-53
4022
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Dr E.A.

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1953

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 *J. Gordon Blackman*

Signed.....
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Jurinton, 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.