

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6107**
1091

FILED MAR 13 1953

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

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>40 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>198</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3805 Fuller</u>		d. STREET ADDRESS (If rural, give location) <u>3805 Fuller</u> <u>3510</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>N.</u>	c. (Last) <u>McCRUTE HEON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 20 1953</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>Single</u>	8. DATE OF BIRTH <u>February 7 1889</u>	9. AGE (In years last birthday) <u>64</u>	10. <input type="checkbox"/> UNDER 1 YEAR	11. <input type="checkbox"/> 1 YEAR TO 5 YEARS	12. <input type="checkbox"/> OVER 5 YEARS
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad RR</u>	11. BIRTHPLACE (State or foreign country) <u>Cameron Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Hugh McCutcheon</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lucille Hall - Kalispell, Mont.</u>	ADDRESS <u>Kalispell, Mont.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	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>Coronary Atherosclerosis</u> DUE TO (c) <u>Cardio Renal Vascular Disease</u>		<u>5 yrs</u> <u>10 yrs</u>
11. 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	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)	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 2-70 to 2-20 1953, that I last saw the deceased alive on 2-20 1953 and that death occurred at 1145 PM from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Laffoon</u> (Degree or title)	23b. ADDRESS <u>Wm. Raytheon M.D.</u>	23c. DATE SIGNED <u>2-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>February 24 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Raytown, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-21-53</u>	REGISTRAR'S SIGNATURE <u>St. Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hilke Funeral Home</u>	ADDRESS <u>2315 Pinewood</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____
working under my personal supervision.

Student Embalmer No.

Signed

Chas E. Wilkes

Signed.....
Student Embalmer

Licensed Embalmer No.

2644

P. O. Address

H. C. 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.