

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9782

No. 300
10.48

State File No. 1562

FILED APR 9 1953

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY Oklahoma			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY OR TOWN Oklahoma City 8350		d. STREET ADDRESS 8 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) S.		c. (Last) Cralle		4. DATE OF DEATH (Month) (Day) (Year) 3 17 53
5. SEX M O	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH November 15 1908	9. AGE (In years last birthday) 44 YRS	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Kerr - Mc Gee Oil Inds.		11. BIRTHPLACE (City and State or Foreign Country) Chickasha, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Katherine Cralle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Cralle, Okla. City, Okla.			
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.		<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebral Embolism</p> <p>ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Right Vertebral Artery Thrombosis</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS (d) Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH 4 days 332 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" 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 Mar 14, 1953, to Mar 17, 1953, that I last saw the deceased alive on Mar 17, 1953, and that death occurred at 4:27 pm., from the causes and on the date stated above.							
23a. SIGNATURE Harold Passman (Degree or title) MD				23b. ADDRESS 8350		23c. DATE SIGNED 3/17/53	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-18-53		24c. NAME OF CEMETERY OR CREMATORY Oklahoma		24d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma	
DATE REC'D BY LOCAL REG. 3-18-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR 3315 Memorial Church Blvd. James City, Mo.			

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

APR 20 1954

AUG 10 1956

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

Charles W. Strickman

Licensed Embalmer No. 4560

P. O. Address RC Me

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.