

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17973

State File No.

FILED MAY 27 1953

2394

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2394</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. 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>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3148	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1210 Cherry St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norma</u>			b. (Middle) <u>Jean</u>			c. (Last) <u>Criner</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5-9-53</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>May 31 1946</u>		9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John D. Criner</u>			13b. MOTHER'S MAIDEN NAME <u>Rutha Hicks</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Holt Funeral Home Harrison Ark.</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>Acute fulminating Rheumatoid</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				4013	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute myocarditis</u> <u>Mitral stenosis</u>				2 weeks 2 weeks	
19a. DATE OF OPERATION. <u>NO</u>		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) (Min) _____		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 <u>May 2, 1953</u> , to <u>May 9, 1953</u> , that I last saw the deceased alive on <u>May 9, 1953</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Myron D. Jones</u> (Degree or title)				23b. ADDRESS <u>Do 2 926 E. 11th St.</u>		23c. DATE SIGNED <u>5-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harrison</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Funeral Home</u>		ADDRESS <u>Harrison Arkansas</u>	

(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.....

Francis Walter

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *LK CMD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.