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FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20877

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4064 Registrar's No. 21

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

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kidder
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kidder
d. STREET ADDRESS (If rural, give location):

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3. NAME OF DECEASED (Type or Print)
a. (First) Margaret b. (Middle) Alice c. (Last) McCrary

4. DATE OF DEATH (Month) (Day) (Year): 5-23-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-24-1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Davies Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Creekmore
13b. MOTHER'S MAIDEN NAME: Hariet Givens
14. NAME OF HUSBAND OR WIFE: John H. McCrary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Roy McCrary — ADDRESS: Kidder 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): Chronic myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Asthma
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 15 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4342
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 45, *to* May, 19 53, *that I last saw the deceased alive on* Aug 22 1953, *and that death occurred at* 930 ? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree of title): H. R. Elster DO
23b. ADDRESS: Hamilton Mo
23c. DATE SIGNED: June 7, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/1953
24c. NAME OF CEMETERY OR CREMATORY: McCrary
24d. LOCATION (City, town, or county) (State): Davies Co. Mo.

DATE REC'D BY LOCAL REG.: June 23-53
REGISTRAR'S SIGNATURE: Gladys Jones
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25. FUNERAL DIRECTOR'S SIGNATURE: Bram Funeral Home — ADDRESS: Hamilton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Hamilton Mo.

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

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