

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25292

State File No. _____

Saunders
FILED JUL 31 1953

REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 302

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 46 yrs.	c. CITY OR TOWN Independence
d. FULL NAME OF HOSPITAL OR INSTITUTION 806 So. Osage		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Keturah b. (Middle) Reeves c. (Last) Craddock		4. DATE OF DEATH (Month) (Day) (Year) July 19-1953	
5. SEX Female	6. COLOB OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-5 1879
9. AGE (In years last birthday) 79		UNDER 1 YEAR Months _____ Days _____	10. UNDER 18 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 At Home	11. BIRTHPLACE (City and State or Foreign Country) Rural-Odessa Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William C. Brown	
13b. MOTHER'S MAIDEN NAME Elozabeth A. Bledsoe		14. NAME OF HUSBAND OR WIFE W. S. Craddock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lee Grinter		ADDRESS Indep. Mo.	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt Breast		INTERVAL BETWEEN ONSET AND DEATH unknown	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. 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 170X	
20. AUTOPSY? YES <input 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 5 June, 1953 , to 19 July, 1953 , that I last saw the deceased alive on 27 June, 1953 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Saunders (Degree or title)		23b. ADDRESS Independence	23c. DATE SIGNED 7-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 21-53	24c. NAME OF CEMETERY OR CREMATORY Woodman Cemetery	24d. LOCATION (City, town, or county) (State) Independence Mo.
DATE REC'D BY LOCAL REG. 7-21-53	REGISTRAR'S SIGNATURE J. M. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Ed Mitchell ADDRESS Indep Mo	

AUG 3 1955

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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.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *3156*

P. O. Address *Indianapolis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.