

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33844

State File No.

4609

FILED OCT 20 1954

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|--|-------------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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 township) OR TOWN <u>Kansas City</u> | | | | c. LENGTH OF STAY (In this place) <u>33 days</u> | | c. CITY OR TOWN <u>Kansas City, Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospt.</u> | | | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| STREET ADDRESS (If rural, give location) <u>7000</u> <u>3 West 91st St.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>HARRY</u> | | b. (Middle) <u>PAUL</u> | | c. (Last) <u>CRAFT, JR.</u> | |
| 4. DATE OF DEATH | | (Month) <u>9</u> | | (Day) <u>30</u> | | (Year) <u>54</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 18, 1928</u> | | 9. AGE (In years last birthday) <u>25</u> | |
| IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 YEAR Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk - Steno.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Motors</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ALBUQUERQUE, New Mexico</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Harry P. Craft, Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ester Jane Kline</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nancy Craft</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>497-28-1254</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy Craft-3 W. 91st St.-K.C., Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Atelectasis, bilateral</u> | | II. OTHER SIGNIFICANT CONDITIONS | | | | <u>one week</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | DUE TO (b) <u>Branchopneumonia, bilateral, due to Hemolytic Staphylococcus & Pseudomonas with Pulmonary abscesses.</u> | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) <u>Acute Bulbar spinal Poliomyelitis with Respiratory paralysis.</u> | | | | <u>Four weeks</u> | |
| DUE TO (c) <u>Acute Bulbar spinal Poliomyelitis with Respiratory paralysis.</u> | | | | | | <u>5 Weeks</u> | |
| 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 <u>27 Aug., 1954</u> , to <u>30 Sept., 1954</u> , that I last saw the deceased alive on <u>29 Sept., 1954</u> , and that death occurred at <u>2:20 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Philip G. Kau</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>411 Nichols Road</u> | | 23c. DATE SIGNED <u>10 Oct. 1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/2/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>10-2-54</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eyler-Kansas City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Dr. ...
These Lines 41296
1:30 - 3:00

OCT 20 1954

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 *Arthur Eugene Hobbs*
Licensed Embalmer No. *491*
P. O. Address *R.C. M...*

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.