

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41073**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5773

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (If in place)		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>		STREET ADDRESS (If rural, give location) <u>1310 W. Lexington 1001</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>MAY</u> c. (Last) <u>LOAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 8, 1876</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pikneyville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>			

13a. FATHER'S NAME <u>Hampton Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Foss</u>		14. NAME OF HUSBAND OR WIFE <u>B. C. Loar</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. C. Loar - Independence, Mo</u>	
				ADDRESS _____	

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>arterio-sclerotic heart disease</u>		ANTECEDENT CAUSES				? yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>arterio-sclerosis</u>				? yrs	
		DUE TO (c) <u>advanced age</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				4200	

19a. DATE OF OPERATION		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)		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 Dec 10, 1954, to Dec 16, 1954, that I last saw the deceased alive on Dec 16, 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Wright</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kansas City - Mo 1324 Prof. Hall</u>		23c. DATE SIGNED <u>Dec 17, 1954</u>	
24a. BURIAL CREMATION (Specify) <u>burial</u>		24b. DATE <u>Dec 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	
				24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-17-54</u>		REGISTRAR'S SIGNATURE <u>neva minishall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adland Speaks</u> ADDRESS <u>Indy Mo</u>	

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

FEB 13 1958

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 *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*

P. O. Address *Indep. Va.*

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.