

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15407**
2009

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

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 Kansas City

c. LENGTH OF STAY (in this place) 12 yrs.

c. CITY OR TOWN Kansas City

d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3937 South Benton

STREET ADDRESS (If rural, give location) 3937 South Benton 3618

3. NAME OF DECEASED
a. (First) Lana b. (Middle) L. c. (Last) CRANMER

4. DATE OF DEATH (Month) (Day) (Year) 5-8-1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-9-1885

9. AGE (In years last birthday) 69

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Extra

10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office

11. BIRTHPLACE (City and State or Foreign Country) Otterville, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Howard M. Adams

13b. MOTHER'S MAIDEN NAME Nannie M. Koontz

14. NAME OF HUSBAND OR WIFE Thomas R. Cranmer

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. 489-24-7157

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas R. Cranmer 3937 So. Benton

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) Coronary Embolism
ANTECEDENT CAUSES
DUE TO (b) unknown
DUE TO (c) unknown
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH
332X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 Jan 19, 1948, to May 2, 1955, that I last saw the deceased alive on May 7, 1955, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harold A. Ballett (Degree or title) MD

23b. ADDRESS 1132 Prof. Bldg. KC Mo.

23c. DATE SIGNED 5/9/55

24a. BURIAL CREMATION (Specify) Burial

24b. DATE 5-11-1955

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Otterville, Missouri

DATE REC'D BY LOCAL REG. 5-9-55 REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muehlebach Funeral Home Kansas City, Mo.

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

Dr. Harold D. Falkland
9 AM - 208 Nichols Rd Va1666
2 PM - P.O. Bldg. VI.1486

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.....
Wm J. Hard

Licensed Embalmer No. 39
P. O. Address 308 E. 68

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.