

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21018

State File No. _____
Registrar's No. 100

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy, Purdy Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Purdy, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harris Clinic, Purdy</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Monroe</u> c. (Last) <u>M^cCracken</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1955</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>July 14-1887</u>	9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>0</u> 11. DAYS <u>23</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer + School Bus driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Barry County 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Alonzo M^cCracken</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Higgs</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle M^cCracken</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-38-9079</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle M^cCracken</u>	ADDRESS <u>Purdy, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thromboses</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Atherosclerosis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>4201</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-30, 1953, to 7-27, 1955, that I last saw the deceased alive on 7-27, 1955, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. J. Harris D.O.</u>	23b. ADDRESS <u>Purdy, Mo.</u>	23c. DATE SIGNED <u>7/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>Southwest Purdy Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-3-55</u>	REGISTRAR'S SIGNATURE <u>W. D. Cook</u>	513	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett</u>	ADDRESS <u>Warminston, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 855-304

DATE REC. 8-8-55

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. 4213

P. O. Address More H. Mo

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