No. 300
10.48

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

FILED OCT 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34437

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6036 Registrar's No. 566

1. PLACE OF DEATH
a. COUNTY: RIPLEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - SHILOH
c. LENGTH OF STAY (In this place): 3 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DONIPHAN RT. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RIPLEY
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 13 Mi. N. of DONIPHAN

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): OLGA
c. (Last): McCRACKEN

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 20 - 1955

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MARCH 4-1890
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months: 6 Days: 16
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): SAWYER - IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH SANDERSON
13b. MOTHER'S MAIDEN NAME: LUNETTE ANDERSON
14. NAME OF HUSBAND OR WIFE: OTTO McCRACKEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: OTTO McCRACKEN
ADDRESS: DONIPHAN R. #2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Liver — 2 years
DUE TO (c) 1561

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
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* 7/21/55, 19___, *to* 9/20/55, 19___, *that I last saw the deceased alive on* 9/19/55, 19___, *and that death occurred at* 2:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry R. Roay, D.O.
23b. ADDRESS: Doniphan, Mo.
23c. DATE SIGNED: 10-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/21/55
24c. NAME OF CEMETERY OR CREMATORY: DONIPHAN CEM.
24d. LOCATION (City, town, or county) (State): DONIPHAN - Mo.

DATE REC'D BY LOCAL REG.: 10-8-55
REGISTRAR'S SIGNATURE: C. D. Johnston
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: EDWARDS FUNERAL HOME, PHONE WY. 6-2345, DONIPHAN, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene H Parent

Licensed Embalmer No. 480

P. O. Address Doniphan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.