

FILED JAN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41045

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. STATE <u>Missouri</u>		c. COUNTY <u>Jackson</u>			
d. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>1 yr 5 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>		<u>98</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>621 East 31st Street</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
(Type or Print)			(Month) (Day) (Year)				
a. (First) <u>Mamie</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>McCraw</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>11/22/1878</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>(Unknown), Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Barr</u>			13b. MOTHER'S MAIDEN NAME <u>Frances (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Grover C. McCraw</u>	
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>196-09-0182A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grover C. McCraw 621 East 31st Street</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompens.</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>gen. arterio sclero.</u>			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4343</u>			
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) (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>7/16</u> , 19 <u>54</u> , to <u>100</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>52-21</u> , 19 <u>55</u> , and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. G. Keith M.D.</u>				23b. ADDRESS <u>Jackson Co. Mo.</u>		23c. DATE SIGNED <u>12-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-55</u>		24c. NAME OF CEMETERY OR CRYPTORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-55</u>		REGISTRAR'S SIGNATURE <u>N. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody McMillen-Syler, 1800 Linwood</u>			

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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