

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9054

State File No.

1257

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission) --a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>4240 HIGHLAND 36480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>B</u> c. (Last) <u>CRAIG</u>	4. DATE OF DEATH <u>MARCH 20, 1956</u> (Month) (Day) (Year)
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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>4-30-1912</u>	9. AGE (In years last birthday) <u>42</u> 43
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INS. AGENT.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Farm Mutual</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arthur, Illinois</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Craig</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Harmon</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth CRAIG</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no. no. or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>381-09-5664</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RUTH CRAIG</u>	ADDRESS <u>4240 HIGHLAND, K.C. 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>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH (Specify) <u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		<u>12 hours</u>
	DUE TO (c) <u>Coronary Sclerosis</u>		<u>4 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old myocardial infarction 1952</u>			<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? (Specify) YES <input checked="" type="checkbox"/> NO <input 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)	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 1952 to 3/20, 1956, that I last saw the deceased alive on 3/20, 1956, and that death occurred at 4:35p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. R. BYERS</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4635 Wyandotte K.C. Mo.</u>	23c. DATE SIGNED <u>3/22/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deatons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-22-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMERS</u>	ADDRESS <u>505 Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEATH NO. _____

PLACE OF DEATH _____

TOWN _____

STREET _____

ADDRESS _____

DATE OF DEATH _____

AGE (In years & months) _____

DATE OF BIRTH _____

DATE OF DEATH (In year) _____

DEATH _____

AGE (In years & months) _____

DATE OF BIRTH _____

DATE OF DEATH (In year) _____

DEATH _____

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 *Alexander Jay Stitt* _____

Licensed Embalmer No. *488*

P. O. Address *L. R. 7*

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.