THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006713

STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 274 Primary Registration District No. 5925 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Pettis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D 1, Green Ridge — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Green Ridge — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.1. " " — Length of stay in 1b 2½ yrs	d. STREET ADDRESS Route #1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle JAMES	Last MCCRACKEN	4. DATE OF DEATH	Month Feb	Day 14	Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 2, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 9	Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) McKeesport, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME James Wm. McCracken	13b. MOTHER'S MAIDEN NAME Josephine McCracken	14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.#1	16. SOCIAL SECURITY NO. 497-42-5348	17. INFORMANT Address Samuel G. McCracken, Holden, Mo.					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I ~~attended~~ VIEWED the deceased ~~from~~ as Coroner ~~and last saw him alive on~~

Death occurred at 10:00 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas Gordon Stauffacher MD 3	22b. ADDRESS Coroner of Pettis Co	22c. DATE SIGNED 2-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/20/58	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) (State) Holden, Missouri.
24. FUNERAL DIRECTOR ADDRESS Canaday & Ropp, Holden, Mo.	25. DATE RECD. BY LOCAL REG. 2-24-1958	26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 4 1958

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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.