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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009341
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1499

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1120 MONTGALL — Length of stay in 1b: 50 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1120 MONTGALL — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CLARENCE Middle: H Last: CRAGER

4. DATE OF DEATH: Month: MARCH Day: 19, Year: 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept.1, 1887
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: K.C. Power & Light
11. BIRTHPLACE (City and state or country): Lexington, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Amos Crager
13b. MOTHER'S MAIDEN NAME: Martha Snodgrass
14. NAME OF HUSBAND OR WIFE: Lucy F. CRAGER

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.: 486-01-7505
17. INFORMANT: Lucy F. Crager, Address: 1120 Montgall, K.C.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)	Motor center failure	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastasis to brain	1 month
DUE TO (c)	Primary site - pancreas	8 months

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

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 the deceased from Jan 12, 59 to March 19, 59 and last saw him alive on March 19, 59
Death occurred at 11 30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) DO
22b. ADDRESS: 330 S E 12
22c. DATE SIGNED: 3-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mch.23,1959
23c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery
23d. LOCATION (City, town, or county): Kansas City (State): Missouri

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS-K. C., MO. ADDRESS: 1331 BRUSH CREEK BLVD.
25. DATE RECD. BY LOCAL REG.: 3-23-59
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

E. D. Reese

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 Norman W. Thorson

Licensed Embalmer No. 4889

P. O. Address H. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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