

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014548

FILED VS APR 20 1960

71

Primary Registration District No. 3012

Registrar's No. 29

STATE FILE NUMBER

INDEXED

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|--|---|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Clay | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs | | Length of stay in 1b 6 yrs. | | c. CITY OR TOWN Excelsior Springs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Springs Hospital | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 410 Superior | |
| 3. NAME OF DECEASED (Type or print) First Adah Middle B. Last Craven | | | | 4. DATE OF DEATH Month March Day 8 Year 1960 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 12-8-1872 | 9. AGE (last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Ray Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Richard T. Craven | | | 13b. MOTHER'S MAIDEN NAME Elija McIver | | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Mr. John Sickel, Excelsior Spgs, Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction | | | | | | INTERVAL BETWEEN ONSET AND DEATH 30 min. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arterial sclerosis | | | | | | 4 years | |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 1-1-57 to 3-8-60 and last saw her alive on 3-8-60 Death occurred at 5:10 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Doris M. ... M.D. | | | | 22b. ADDRESS Excelsior Springs, Mo | | 22c. DATE SIGNED 3/16/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-10-1960 | 23c. NAME OF CEMETERY OR CREMATORY Masonic | | 23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri | | | | 25. DATE RECD. BY LOCAL REG. 4-6-60 | | 26. REGISTRAR'S SIGNATURE Caroline Hutchings | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Van Landingham

Licensed Embalmer No. 400

P.O. Address Chelton Springs,

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.