

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026173

FILED VS JUL 22 1960

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 4089 Registrar's No. 16

ENDED

1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandin		Length of stay in 1b 3 months		c. CITY OR TOWN Doniphan		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of son			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Otto Middle F. Last McCracken				4. DATE OF DEATH Month June Day 28 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-30-1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Bentonsport, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Isaac McCracken			13b. MOTHER'S MAIDEN NAME Emma Shepard			14. NAME OF HUSBAND OR WIFE Elsie McCracken			
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. 497-07-0446		17. INFORMANT Address O.E. McCracken Grandin, 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) Cardiac Decomposition DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) ? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prophylaxis Jan 1940						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 checked="" type="checkbox"/> NO <input 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 Jan 1960 to 28 June 60 and last saw him alive on 25 June 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) O. E. McCracken MD				22b. ADDRESS 321 Oak Poplar Cliff Dr			22c. DATE SIGNED 17 July 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 1, 1960	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery		23d. LOCATION (City, town, or county) Doniphan, Missouri				
24. FUNERAL DIRECTOR ADDRESS Lynn Edwards Doniphan, Mo.				25. DATE RECD. BY LOCAL REG. July 19-1960		26. REGISTRAR'S SIGNATURE Mrs Oeta Fenson			

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 Ernest Eugene Clary, Student Embalmer No. 602
working under my personal supervision.

Student Ernest Eugene Clary
Signature of Student Embalmer

Signed John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398, Alt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.