

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037549

ED VS. NOV 7 1960 042 Primary Registration District No. 1000 Registrar's No. 1140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 23yrs		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1116 No 6th (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nola Middle P. Last McCravey				4. DATE OF DEATH Month Oct. Day 27 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb 7, 1889	9. AGE (last birthday) 71	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hattie Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Payne			13b. MOTHER'S MAIDEN NAME Tennessee ?		14. NAME OF HUSBAND OR WIFE Willis McCravey		
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 Willis McCravey St. Joseph, 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) Left Hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 5 days 7 days	
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 checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____							
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 10-22-60 to 10/27/60 and last saw her alive on 10-27-60 Death occurred at 1:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Walter W. Slattery MD			22b. ADDRESS 620 Francis St. Joseph Mo			22c. DATE SIGNED Oct 28 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/29/60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Joseph, Mo		23d. LOCATION (City, town, or county) St. Joseph, Mo		23e. STATE Mo	
24. FUNERAL DIRECTOR John E. Rupp		ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Oct. 31, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

