

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31756**

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4408**

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**c. LENGTH OF STAY (in this place) **45 yrs.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN **Kansas City**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital**

STREET ADDRESS

(If rural, give location)

1232 West 70th St.**3858**

3. NAME OF DECEASED

(Type or Print)

a. (First)

HARRY

b. (Middle)

H.

c. (Last)

CRADDOCK, SR.

4. DATE OF DEATH (Month) (Day) (Year)

Sept. 6, 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 8, 1883

9. AGE (In years last birthday)

70

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)

Chairman of Board-Craddock Uniform Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

William Henry Craddock

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Cuthbert

14. NAME OF HUSBAND OR WIFE

Effie Mae Craddock

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.

486-07-2535

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Effie M. Craddock, 1232 W. 70, K.C.MO.

ADDRESS

18. CAUSE OF DEATH.

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Myocardial Infarction.**Coronary occlusion****Hypertension.**

INTERVAL BETWEEN ONSET AND DEATH

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/20/53** to **9/6/53**, 19___, that I last saw the deceased alive on **9/6/53**, 19___, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE

H. P. Boughnau (Degree or title)

23b. ADDRESS

315 Nichols Rd. K.C. Mo.

23c. DATE SIGNED

9/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

9-9-53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

24d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

DATE REC'D BY LOCAL REG.

9-9-53

REGISTRAR'S SIGNATURE

Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE

STINE & McCLURE UND. CO.

ADDRESS

K.C.MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. P. Doughton

315 Niagara Rd.

Lo. 7400

To & 5:50 PM

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... *F. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. 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.