

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12665

1438

BIRTH NO. 12306 REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, N.		c. CITY OR TOWN KANSAS CITY, N.	
c. LENGTH OF STAY (in this place) 3 WEEKS		d. Is Residence within limits of a city or unincorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5101 E 45ST NORTH		e. STREET ADDRESS (If rural, give location) 106 5101 E. 45ST NORTH	
3. NAME OF DECEASED (Type or Print) a. (First) CRAIG b. (Middle) SAMUEL c. (Last) CRAVEN		4. DATE OF DEATH (Month) (Day) (Year) APRIL 2, 1956	
5. SEX D MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -Child	8. DATE OF BIRTH Oct. 1, 1955
9. AGE (In years last birthday) 6	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME PAUL S. CRAVEN	13b. MOTHER'S MAIDEN NAME MARIE JENKINS	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. N. H. MARTIN, 5101 East 45st No. R.C. MO	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 492X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.			
23a. SIGNATURE O. S. Pate O. S. Pate M.D., Coroner		23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 4/2/56
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE 4-3-56	24c. NAME OF CEMETERY OR CREMATORY EAST Slope Gen.	24d. LOCATION (City, town, or county) (State) PLATTE Co. Mo
DATE REC'D BY LOCAL REG. 4-3-56	REGISTRAR'S SIGNATURE neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. NEWCOMERS, No. R.C. 16 Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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... *Glenn H. Hill*

Licensed Embalmer No. *4584*

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.