Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1958

58-005436
STATE FILE NUMBER 484

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MENORAH HOSPITAL — Length of stay in Hospital: 58 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1611 EAST 39TH STREET — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jessie — Middle: — Last: Craik

4. DATE OF DEATH: Month: January — Day: 28 — Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb'y 2, 1875
9. AGE (In years last birthday): 82 — 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): RETIRED-30 YEARS - CLERK
10b. KIND OF BUSINESS OR INDUSTRY: DRUG STORE
11. BIRTHPLACE (City and state or country): NEW ABBEY, SCOTLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: WILLIAM CRAIK
13b. MOTHER'S MAIDEN NAME: JANE MC GEORGE
14. NAME OF HUSBAND OR WIFE: ----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. ANGUS M. TURNER — Address: 4142 LOCUST STREET KANSAS CITY MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Dec 31-57, to Jan 28-58 and last saw her/him alive on Jan 28-58
Death occurred at ____ on the date stated above; and to the best of my knowledge, from the cause stated.

22a. SIGNATURE: Jack B. Brams (Degree or title) D
22b. ADDRESS: 1103 Grand Ave
22c. DATE SIGNED: Jan 29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 30 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~: FOREST HILL CEMETERY
23d. LOCATION (City, town, or county): KANSAS CITY (State): MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 1-30-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms should be listed. All diseases in Part I must be causally related.

Jack B. Brams

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 Thomas W. Thomson

Licensed Embalmer No. 4889

P. O. Address St. 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.