

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001310

FILED VS. JAN 30 1961

149

Primary Registration District No. 1002

Registrar's No.

209

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>21 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1217 Jefferson</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1217 Jefferson</b>		
3. NAME OF DECEASED (Type or print) First <b>CLARENCE</b> Middle <b>W.</b> Last <b>CRAIG</b>			4. DATE OF DEATH Month <b>1</b> Day <b>13</b> Year <b>1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-12-1912</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Steel</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Jess Craig</b>		13b. MOTHER'S MAIDEN NAME <b>Maud Cox</b>		14. NAME OF HUSBAND OR WIFE <b>Frances Craig</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>W.G. Eubank: 5437 Michigan: KC. Mo.</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bullet Wound Head</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>apparently suicide</b>				
20c. TIME OF INJURY <b>11</b> Hour <b>1-13-61</b> Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in Room of Apt.</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		COUNTY STATE <b>Jackson Mo.</b>		
21. I attended the deceased from <b>Never</b> , to _____, and last saw <sup>her</sup> him alive on _____ Death occurred at <b>11 AM</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)			22b. ADDRESS <b>152 Union Station: K.C. Mo.</b>		22c. DATE SIGNED <b>1-14-61</b>	
23a. BURIAL REMOVAL (Specify) <b>Buried</b>	23b. DATE <b>1-16-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Richmond</b>		23d. LOCATION (City, town, or county) (State) <b>Richmond Mo.</b>		
24. FUNERAL DIRECTOR <b>Carter Funeral Home: Richmond, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>1-14-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED ITEM NO. SHOULD READ BY AFFIDAVIT OF

DOCUMENT MEDICAL CERTIFICATION Owens

JAN 31 1961

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 B. E. Weir

Licensed Embalmer No. 4075

P. O. Address K. C. S. 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.