

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

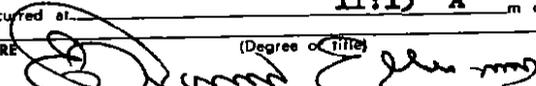
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039846

5729 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF				
ITEM NO.	SHOULD READ				
USE BLACK INK OR TYPEWRITER RIBBON	BY AFFIDAVIT OF				

F11 - NOV 7 1963	
1. PLACE OF DEATH	
a. COUNTY <b>Jackson</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>
Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital Med, Ct.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <b>9328 East 25th Terrace</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <b>Lula</b>	Middle <b>Famie</b>
Last <b>Craig</b>	4. DATE OF DEATH
Month <b>October</b>	
Day <b>21</b>	
Year <b>1963</b>	
5. SEX <b>Female</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>3-9-92</b>
9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>
11. BIRTHPLACE (City and state or country) <b>Houstonia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Milton Currnutt</b>	13b. MOTHER'S MAIDEN NAME <b>Kate -</b>
14. NAME OF HUSBAND OR WIFE <b>Leslie Lee 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.	17. INFORMANT <b>Robena Foster, 9328 E. 25th Terrace</b>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Unknown</b>	
DUE TO (b) <b>Probable massive carcinoma of right breast with myocardial infarction</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 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 <b>10-21-63</b> to <b>10-21-63</b> and last saw her alive on <b>10-21-63</b> Death occurred at <b>11:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE 	22b. ADDRESS <b>2400 Cherry</b>
22c. DATE SIGNED <b>10-21-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 23, 1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-23-63</b>
26. REGISTRAR'S SIGNATURE <b>Beasie Smith</b>	

DOCUMENT

MEDICAL CERTIFICATION

Frank Ellis

**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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep. 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.