S. No. 300
. 10.48

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24682

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6882

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frisco Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denison
d. STREET ADDRESS (If rural, give location): 506 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) ALONZO b. (Middle) GIBSON c. (Last) ~~CARVER~~ Craver
4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 49
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: December 28, 1889
9. AGE (In years last birthday): 59 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): section laborer
10b. KIND OF BUSINESS OR INDUSTRY: St. L.S.F. Ry
11. BIRTHPLACE (State or foreign country): McKinney, Texas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joseph Carver
13b. MOTHER'S MAIDEN NAME: Mary Rike
14. NAME OF HUSBAND OR WIFE: ~~Lina Carver~~ Craver
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.: Yes-unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lina Carver ADDRESS: 506 Main, Denison, Texas

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) with metastases -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION: 5/13/49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of tail of Pancreas
20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
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): NO 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* 5/14, 1949, *to* 8/8, 1949, *that I last saw the deceased alive on* 8/7, 1949, *and that death occurred at* 5:57 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ellis L. Pollock (Degree or title) M.D.
23b. ADDRESS: 4960 Lackide
23c. DATE SIGNED: 8/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 8-8-49
24c. NAME OF CEMETERY OR CREMATORY: Denison, Texas.
24d. LOCATION (City, town, or county) (State): Denison, Texas

DATE REC'D BY LOCAL REGISTRAR: AUG 8 1949
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. R. Lupton & Sons, St. Louis, Missouri.

(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 ..... .
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 24682-49
Local Registrar's No. 6882

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Alonzo G. Craver, ~~died~~ born 8-8-49, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Alonzo Gibson Craver
Instead of Alonzo Gibson Carver
Item No. 13 & 14-17 should read Craver
Instead of Carver
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read Gen. Ent.
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. C. Hall
Relationship. Fam. Svc.

7233 Delmar
Present Address.

Subscribed and sworn to before me this 10 day of Sept, 1949.

My Commission expires 3-4-53

Neal Padlock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
X37817