

STANDARD CERTIFICATE OF DEATH

9089

FILED APR 15 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 809 PRIMARY REG. DIST. NO. 3043 Registrar's No. 98

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			3. NAME OF DECEASED a. (First) <u>John Henry</u> b. (Middle) <u>Craven</u> c. (Last) _____		
3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1952</u>		5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>December 29, 1902</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 MIN. Hours _____	IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Newt Craven</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Head</u>	
14. NAME OF HUSBAND OR WIFE <u>Paulah Craven</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Peacetime Army</u>	16. SOCIAL SECURITY NO. <u>490 07 6716</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion Craven 2217 Grace Hannibal Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  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
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	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) <u>Hannibal Mo.</u>		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 <u>30 March, 1952</u> to <u>30 March, 1952</u> , that I last saw the deceased alive on <u>30 March 1952</u> and that death occurred at <u>7:15 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. A. Beers M.D.</u>		(Degree or title)	23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>April 152</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/10/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4/2/52</u>	REGISTRAR'S SIGNATURE <u>N. B. Muecke</u>	DEPUTY REGISTRAR <u>Deputy 189</u>	FURNERAL DIRECTOR <u>John S. Ward Hannibal, Mo.</u>		

RECEIVED

APR 10 1952

ANNOUN CO. HEALTH DEPT.

DATE FILED APR 10 1952

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John S. Ward*

Signed.....  
Student Embalmer

Licensed Embalmer No.....4540.....

P. O. Address.....Hannibal Missouri.....

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.