

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15601**

FILED MAY 23 1952

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **7**

0100

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Route 1 - Cedar Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 - Cedar Township			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) WILLIAM	
		c. (Last) RAVENSCRAFT	
4. DATE OF DEATH (Month) (Day) (Year) May 12, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1880
9. AGE (In years last birthday) 71		10. UNDER 1 YEAR (Months) 10	11. UNDER 1 Wks. (Days) 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Ravenscraft		13b. MOTHER'S MAIDEN NAME Anna Roberts	
		14. NAME OF HUSBAND OR WIFE Elizabeth Pauley Ravenscraft	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Emmett Ravenscraft, St. Charles, Mo.		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH years		INTERVAL BETWEEN ONSET AND DEATH years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 5/12/52 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30p m. , from the causes and on the date stated above.			
23a. SIGNATURE Henry Rived JMD³ Coroner		23b. ADDRESS 909 University Ave Columbia Mo	
23c. DATE SIGNED 5/14/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1		24b. DATE May 15, 1952	
24c. NAME OF CEMETERY OR CREMATORY New Providence Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
DATE REC'D BY LOCAL REG. 5/14/52		REGISTRAR'S SIGNATURE 270 Mrs Mildred Burnett	
25. FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service, Columbia, Mo		ADDRESS _____	

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 M. S. Whitfield

Licensed Embalmer No. 3893

P. O. Address Columbus 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.