

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 120

1. PLACE OF DEATH

a. COUNTY Dunklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri COUNTY Dunklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett - Rural

d. STREET ADDRESS (If rural, give location) R-2-2 mi So.

3. NAME OF DECEASED (Type or Print)

a. (First) JOHN b. (Middle) _____ c. (Last) CRAFFORD

4. DATE OF DEATH (Month) (Day) (Year) Sept. 22-1952

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 7 1890 9. AGE (In years last birthday) 62

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 (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME DANIEL CRAFFORD 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Edith Turner Crafford

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. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Crafford ADDRESS Kennett, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage INTERVAL BETWEEN ONSET AND DEATH 7 Sept 52

ANTECEDENT CAUSES

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

DUE TO (b) Chr Myocarditis

DUE TO (c) Chr Gen Arteriosclerosis

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 4221 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 19 52 to 22 Sept 19 52, that I last saw the deceased alive on 22 Sept 19 52, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Kennett Mo 23c. DATE SIGNED 22 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-23-1952 24c. NAME OF CEMETERY OR CREMATORY Oak Ridge 24d. LOCATION (City, town, or county) (State) Kennett, Mo

DATE REC'D BY LOCAL REG. 9-30-52 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kennett, MO

(Licensed Embalmer's Statement on Reverse Side)

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

357
0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-3-52
COUNTY FILE NUMBER 1052-270.

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.....

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. 2556

P. O. Address *Kennett, 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.