

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34391**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **329**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marston,</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South East Mo. Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Dr. Claude Mc. Raven</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct., 14, 1952</b>
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5. SEX <b>M.O</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 1, 1887</b>	9. AGE (In years last birthday) <b>65</b>	# UNDER 1 YEAR <b>9</b>	# UNDER 1 YEAR <b>13</b>	# UNDER 1 YEAR <b>13</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mc. Clure Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Patrick Henery McRaver</b>	13b. MOTHER'S MAIDEN NAME <b>Deborah Brachien</b>	14. NAME OF HUSBAND OR WIFE <b>Adah Mc. Raven</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes, 1 &amp; 2</b>	16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alvin Jaynes Mc. Raven, Mo</b>	ADDRESS <b>Marston, Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chr. glomerulo nephritis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>cerebrosis &amp; levere</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>gastroenteropathy</b>		

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)
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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 <b>592 X</b>
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22. I hereby certify that I attended the deceased from **10/7, 1952**, to **10/14, 1952**, that I last saw the deceased alive on **10/14, 1952**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. H. Keener M.D.</b>	(Degree or title)	23b. ADDRESS <b>Cape Girardeau, Mo. 14/18/52</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 18, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Park.</b>	24d. LOCATION (City, town, or county) (State) <b>Near New Madrid, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-18-52</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richards Und't Co.</b>	ADDRESS <b>New Madrid, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 29 1957

SEP 2 1957

OCT 29 1957

**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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address New Madrid, 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.