

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37850

State File No.

FILED DEC 11 1952 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 541

2120

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

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ASH HILL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ASH HILL 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION IN ASH HILL		d. STREET ADDRESS (If rural, give location) IN ASH HILL 0	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HARRISON c. (Last) CRAFFORD			4. DATE OF DEATH (Month) (Day) (Year) NOV. 27 1952			
5. SEX M^o	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 14, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 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 JACK CRAFFORD		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Pearl Crafford	
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 ADDRESS Gladys Scott Fisk, 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, 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) Myocarditis		
	ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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		19b. MAJOR FINDINGS OF OPERATION 443x		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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Novell P. ...		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED Nov 30 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-29-52		24c. NAME OF CEMETERY OR CREMATORY ASH HILL	
24d. LOCATION (City, town, or county) (State) BUTLER MO.					

DATE REC'D BY LOCAL REG. Dec 1, 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. White Fisk, Mo.	
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RECEIVED
DEC 9 1952

BUTLER CO. HEALTH CENTER

FILE No. 1252-593

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 _____

Philip J. Cassedy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.