

FILED APR 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9833

State File No.

940
2

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Farmington</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Neelys Landing</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (In this place) <u>12Y; 6M; 7das.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JULIA</u>	b. (Middle) <u>I.</u>	c. (Last) <u>CRAFT</u>	<u>March 15, 1954</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 28, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>9</u>	11. DAYS <u>17</u>	12. HOURS <u></u>	13. MINS. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	---------------------	--------------------	-------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Neely's Landing, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Daniel Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Robbins</u>	14. NAME OF HUSBAND OR WIFE <u>Hiram A. Craft</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
---	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, generalized</u>		<u>Abt. 6mos.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the breast (left)</u>		<u>Abt. 18mos.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Dementia Praecox Psychosis</u>	<u>Abt. 13 Yrs.</u>

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)
--	--	---

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 Feb. 9, 1954, to March 15, 1954, that I last saw the deceased alive on March 15, 1954 and that death occurred at 8:23 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John D. Brennan M.D.</u>	(Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo. 3-16-54.</u>	23c. DATE SIGNED
--	-------------------	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Near Neely's Landing, Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar. 16, 1954</u>	REGISTRAR'S SIGNATURE <u>Catherine Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home</u>	ADDRESS <u>Gracraft-Miller, Jackson, Mo.</u>
---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Lynnan Steele*

Licensed Embalmer No. 2476

P. O. Address *Jacksonville*

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.