

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16428
Registrar's No. 40

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559v

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Rural Leachim</u>		c. CITY OR TOWN <u>Fredericktown</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>2621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. View Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizeta</u> b. (Middle) <u>Elizeta</u> c. (Last) <u>Craven</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 8, 1895</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Corning, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
13a. FATHER'S NAME <u>Wm. Geans</u>		13b. MOTHER'S MAIDEN NAME <u>Pearlee Miller</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Mc Draw</u> ADDRESS <u>Fredericktown Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Uterus.</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 2 yrs.</u>		
ANTECEDENT CAUSES Morbidity 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.		<u>174X</u>		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 4-24, 1954, to 5-6, 1954, that I last saw the deceased alive on 5-5, 1954, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Crystal City Mo</u>		23c. DATE SIGNED <u>5-10-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corning</u>	
24d. LOCATION (City, town, or county) (State) <u>Corning, Arkansas</u>					

DATE REC'D BY LOCAL REG. <u>5/11/54</u>		REGISTRAR'S SIGNATURE <u>John N. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Ernest Funeral Home</u> ADDRESS <u>Corning, Ark</u>	
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 18 1954

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.....
Signature of Student Embalmer

Signed.....
Henry R. Polite

Licensed Embalmer No.....*34*
P. O. Address.....*Crystal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.