

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 3556 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN-VIEW R. 1st</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN-VIEW - 0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>R. 1/2 MN 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HETTIE</u> b. (Middle) <u>N</u> c. (Last) <u>CRAVEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-24-1904</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>NOT KNOWN - ABOUT 63 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LINN - MO</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>	
13c. NAME OF HUSBAND OR WIFE <u>JOHN - CRAVEN</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) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>ELDISE DOUGHERTY ST-LOUIS - MO</u>			
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>Gun shot wound in head instantly</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Bullet entered front of head</u> DUE TO <u>Out Back of head</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Murdered By Husband</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E981X</u>	
19c. 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.) <u>Home</u>	
21c. CITY, TOWN, OR TOWNSHIP (Specify) <u>Howell</u>		21d. STATE <u>MO</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug-14-1904 9:00</u>		21f. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21g. HOW DID INJURY OCCUR? <u>Shot By Husband 27 Caliber Pistol</u>			
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 <u>9 - P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. R. Duncan Corcoran</u>		23b. ADDRESS <u>Howell MO</u>	
23c. DATE SIGNED <u>8-26-04</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-17-1904</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Howell MO</u>	
DATE REC'D BY LOCAL REG <u>8-27-1904</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan - MT-VIEW - MO.</u>		ADDRESS	

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.....

Licensed Embalmer No.

P. O. Address.....

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.