

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11851

State File No.

1791

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 4 1/2 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 5829 Central street		STREET ADDRESS (If rural, give location) 83 5829 Central street	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) STEWART		c. (Last) CRAVEN		4. DATE OF DEATH (Month) (Day) (Year) April 22, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 27, 1869	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Craven's Diamond Shop Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Dewey, Pa.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Stewart Craven		13b. MOTHER'S MAIDEN NAME Lilly M. Martin		14. NAME OF HUSBAND OR WIFE Mrs. Louise Craven	
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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) No		16. SOCIAL SECURITY NO. 492-14-6438		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise Craven, 5829 Central street	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lympho-sarcoma			
		ANTECEDENT CAUSES			
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Generalized		4 years	

19a. DATE OF OPERATION Aug. 57		19b. MAJOR FINDINGS OF OPERATION Lympho-sarcoma (Biopsy of gland)		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 Jan., 1950, to April 22, 1955, that I last saw the deceased alive on April 22, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms (Degree or title) D		23b. ADDRESS 4635 Wyandotte St. City, Mo		23c. DATE SIGNED 4/22/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Mount Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 4-23-55		REGISTRAR'S SIGNATURE Reva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary 104 West 42nd St.	
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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.....
Signature of Student Embalmer

Signed *Max H. Kirkendall*.....

Licensed Embalmer No. *463*.....

P. O. Address *K. C.*.....

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.