

FILED AUG 9 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21013

| | | | | | | | | | | |
|--|--|---|--|---|--|--|-------------------------------|---|---------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>11</u> | | PRIMARY REG. DIST. NO. <u>5053</u> | | Registrar's No. <u>54</u> | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry 0050</u> | | | | | | |
| b. CITY OR TOWN <u>Rural (Shell Knob)</u> | | c. LENGTH OF STAY (in this place) <u>1</u> | | c. CITY OR TOWN <u>Shell Knob</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>EMILY</u> | | b. (Middle) <u>LORINDA</u> | | c. (Last) <u>CRAFT</u> | | | |
| | | | | | 4. DATE OF DEATH <u>July 17, 1955</u> | | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u> | | 8. DATE OF BIRTH <u>2-20-1867</u> | | 9. AGE (In years last birthday) <u>88</u> | | |
| | | | | | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 12 HRS. Hours _____ Min. _____ | | |
| 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 <u>home</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>James Blythe</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Black</u> | | | 14. NAME OF HUSBAND OR WIFE <u>John Craft</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>no</u> | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. Roe-Shell Knob, Missouri</u> | | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> | | | | <u>1 year</u> | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | | | | |
| | | | | 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 | | | | | 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) <u>4222</u> | | (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | | 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 <u>June 1946</u> to <u>July 1955</u> , that I last saw the deceased alive on <u>July 15, 1955</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <u>Dr. J. W. ...</u> | | | | (Degree or title) | | 23b. ADDRESS <u>Cassville Mo.</u> | | 23c. DATE SIGNED <u>7-22-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>7-19-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Painter Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Shell Knob, Missouri</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>7-26-55</u> | | REGISTRAR'S SIGNATURE <u>Mary McDonald</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Cisher</u> | | ADDRESS <u>Cassville, Mo.</u> | | | |

(Licensed Embalmer - Statement on Reverse Side)

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

**BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 755-297

DATE REC. 7-30-55

AUG 10 1955

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 *Margaret C. Hennessy*.....

Licensed Embalmer No. *438*.....

P. O. Address *Cassville*.....

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.