

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10008**

No. 300
10.48

FILED MAR 19 1956

BIRTH NO. _____		REG. DIST. NO. <u>267</u>	PRIMARY REG. DIST. NO. <u>3049</u>	Registrar's No. <u>69</u>
1. PLACE OF DEATH a. COUNTY Pemiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY New Madrid
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wardell		
c. LENGTH OF STAY (in this place) 15 Yrs.		d. STREET ADDRESS (If rural, give location) 0120		
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscott Co. Memorial Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Lena			b. (Middle) Alpha	
			c. (Last) Crafton	
4. DATE OF DEATH (Month) (Day) (Year) 3 6 56				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-23-1909	9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Scott County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Oscar Cochran		13b. MOTHER'S MAIDEN NAME Clarabelle Hon		14. NAME OF HUSBAND OR WIFE Everett Crafton
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. None	17. INFORMANT'S SIGNATURE OR NAME Everett Crafton ADDRESS Wardell, Missouri	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 hours 8 yrs
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 331x YES <input type="checkbox"/> NO <input 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) _____ m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Wardell, Mo. (Degree or title) _____		23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 3/7/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-1956	24c. NAME OF CEMETERY OR CREMATORY Stanfield	24d. LOCATION (City, town, or county) (State): Near Clarkton, Mo.
DATE REC'D BY LOCAL REG. 3-13-56		REGISTRAR'S SIGNATURE John H. German		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Pigott, Ark. ADDRESS _____

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

(Licensed Embalmer's Statement on Reverse Side)

3-71-56

MAR 16 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

Lloyd Russell

Licensed Embalmer No. *509-916*

P. O. Address *Piggott, Ark.*

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.