

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

507

FILED FEB 11 1957

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau 016</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTIONS <u>East Mo. Hosp.</u>			Length of stay in lb <u>41 yrs.</u>		d. STREET (If outside, give location) ADDRESS <u>R#1, Bend Road</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Dennis</u> Middle <u>Ford</u> Last <u>Cracraft</u>				4. DATE OF DEATH Month <u>January</u> Day <u>23</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>March 14, 1915</u>		9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>T. E. Street</u>		11. BIRTHPLACE (City and state or country) <u>Gordonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John W. Cracraft Sr.</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Statler</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>490-05-5793</u>		17. INFORMANT Address <u>Ann Withers, Delta, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Coma</u> DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Under terminal</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>19 Jan 57</u> to <u>23 Jan 57</u> and last saw her/him alive on <u>23 Jan 57</u> Death occurred at <u>10 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Emma Gentry MD</u> (Degree or title)				22b. ADDRESS <u>1912 Broadway</u>		22c. DATE SIGNED <u>28 Jan 57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 25, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights Cem</u>		23d. LOCATION (City, town, or county) <u>Jackson, Missouri</u>			
24. FUNERAL DIRECTOR <u>W. D. Hansen Cape Girardeau Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2-4-1957</u>		26. REGISTRAR'S SIGNATURE <u>O. O. Summers</u>		

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Director, coroner, etc. must use only standard nomenclature in item 10. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 22 1958

FEB 26 1957

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 *H. J. Hansen*.....

Licensed Embalmer No. *286*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.