

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18267

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>		c. LENGTH OF STAY (in this place) <u>14 HRS</u>		c. CITY OR TOWN <u>RURAL - MARION TWP.</u>		d. Is residence within limits of city or incorporated town? <u>No</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WHITAKER HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>2 1/2 N. W. OF MADISON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>CRAFT, JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27, 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV. 4, 1936</u>			
9. AGE (In years last birthday) <u>20</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LLOYD C. CRAFT</u>		13b. MOTHER'S MAIDEN NAME <u>OTHELLE M. CORKLE</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>498-38-6701</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LLOYD C. CRAFT, MADISON, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac arrest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>anesthetic gases</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic tonsillitis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>5/26/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronically infected tonsils</u>				20. AUTOPSY? <u>2</u> 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) (COUNTY) (STATE) <u>5101</u>					
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>May 20, 1957</u> , to <u>May 26, 1957</u> , that I last saw the deceased alive on <u>May 26, 1957</u> , and that death occurred at <u>9:43 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. T. Whitaker</u>				23b. ADDRESS <u>205 S. 5th St., Moberly, Mo.</u>		23c. DATE SIGNED <u>5/27/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 29, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-29-57</u>		REGISTRAR'S SIGNATURE <u>Leah Lane</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed Blakey, PARIS, MISSOURI</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 11 1957

JUN 24 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..... *A. G. Blakey*

Licensed Embalmer No. *2614*

PARIS, MISSOURI

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.