pt. Health,
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FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43351
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 450

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim Smith — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Scotland
c. CITY OR TOWN Memphis, — Inside Limits Yes ☐ No X
d. STREET ADDRESS Route 6 (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Ross; Middle (none); Last Craven
4. DATE OF DEATH: Month 12 Day 26 Year 57
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 11-30-78
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Milton, Iowa
12. CITIZEN OF WHAT COUNTRY? North America
13. FATHER'S NAME Will Craven
14. MOTHER'S MAIDEN NAME Alice Murphy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lucy E. Craven Address Memphis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial failure.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic myocardial failure. — About 6 mos.
DUE TO (c) Arteriosclerosis with hypertension.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-22-57, to 12-26-57 and last saw him alive on 12-26-57
Death occurred at 12:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE O. W. Hasselblad (Degree or title) M. D.
22b. ADDRESS Kirksville, Missouri
22c. DATE SIGNED 12-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-28-57
23c. NAME OF CEMETERY OR CREMATORY Richland Cemetery
23d. LOCATION (City, town, or county) Scotland County (State) Mo.
24. FUNERAL DIRECTOR D.W.Payne & Sons ADDRESS Memphis Mo.
25. DATE RECD. BY LOCAL REG. 12-31-1957
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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FEB 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 21 9

P. O. Address Memphis

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