

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017526  
State File No.

FILED MAY 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5182 Registrar's No. 319

0160

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Cape Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawmestown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawmestown</u>	
c. LENGTH OF STAY (In this place) <u>78 yrs.</u>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles East Pocolontas</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles East Pocolontas</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>RALIEH</u> c. (Last) <u>CRAFT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 5-1880</u>	9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Neely Landing Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Craft</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Bishop</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Heider</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Heider Craft</u> ADDRESS <u>Jackson Mo R#4</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis, recurrent</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease &amp; complete heart block</u> DUE TO (c) <u>Thrombosis right popliteal artery 3 weeks</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4330</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from April 10, 1954 to May 10, 1958, that I last saw the deceased alive on April 17, 1958, and that death occurred at 6:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Trolinger, M.D.</u> (Degree or title)	23b. ADDRESS <u>JACKSON, MISSOURI</u>	23c. DATE SIGNED <u>May 14, 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>near Pocolontas Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 16, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Muller</u> ADDRESS <u>Jackson Mo</u>
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MAY 23 1958

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 Sam C. Cravens

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo.

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.