

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010091

State File No. ....

FILED MAR 30 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3046 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		c. LENGTH OF STAY (In this place) <b>12 days</b>	c. CITY OR TOWN <b>Wheeling</b> <sup>0-590</sup>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM LUTHER CRAVER</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>March 22, 1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9 Jan 1884</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jeweler</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carrollton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Martin Luther Craver</b>	13b. MOTHER'S MAIDEN NAME <b>Nannie - Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Hazel Erma Nay Craver</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. L. Craver;</b>	ADDRESS <b>Wheeling, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Suppurative Appendicitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr. Myocarditis</b>		

19a. DATE OF OPERATION <b>3-9-59</b>	19b. MAJOR FINDINGS OF OPERATION <b>Acute Appendicitis</b>	20. AUTOPSY? <b>2</b> 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)
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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?
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22. I hereby certify that I attended the deceased from 3-9-, 1959, to 3-22-, 1959, that I last saw the deceased alive on 3-22-, 1959 and that death occurred at 12:45am., from the causes and on the date stated above.

23a. SIGNATURE <b>M. Powell, M.D.</b> (Degree or title)	23b. ADDRESS <b>Chillicothe Mo</b>	23c. DATE SIGNED <b>3/23/59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-24-59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wheeling</b>	24d. LOCATION (City, town, or county) (State) <b>Wheeling, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3/23/59</b>	REGISTRAR'S SIGNATURE <b>Frances B. Raul</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home;</b>	ADDRESS <b>Chillicothe, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

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 *E. A. ...*.....

Licensed Embalmer No 4036.....

P. O. Address Chillicothe,

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.