

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049466

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 198

FILED JAN 23 1963

VS 300  
Rev. 4/59

65.52  
20.355  
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4 1  
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9 527.1  
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12 93-0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon</b>  |   | Length of stay in 1b <b>17 da.</b>   | c. CITY OR TOWN <b>Kennett</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri State Sanatorium</b>   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>807 N. Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |
| 3. NAME OF DECEASED (Type or print) First <b>EDITH</b> Middle <b>MAE</b> Last <b>CRAFFORD</b>  |   | 4. DATE OF DEATH Month <b>August</b> Day <b>26</b> Year <b>1962</b>  |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>3-15-92</b>   |
| 9. AGE (last birthday) <b>70</b>   |   | IF UNDER 1 YEAR Months _____ Days _____  | IF UNDER 24 HR Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>  | 11. BIRTHPLACE (City and state or country) <b>Oregon U.S.A.</b>   |
| 13a. FATHER'S NAME <b>Richard Ishmael Turner</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Susan Isabel Jolly</b>  | 14. NAME OF HUSBAND OR WIFE <b>John Crafford</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>---</b>   | 17. INFORMANT <b>Eula Hazel</b> Address <b>Blytheville, Ark.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Congestive Cardiac failure</b>  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>weeks</b>   |
| DUE TO (b) <b>Cor. Pulmonale</b>   |   |  | <b>weeks</b>  |
| DUE TO (c) <b>Pulmonary Emphysema</b>  |   |  | <b>15 yrs.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease</b>  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____  |   |  |   |
| 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 <b>8-8-62</b> to <b>8-26-62</b> and last saw her <b>xx</b> alive on <b>8-25-62</b><br>Death occurred at <b>9:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title) <b>Daniel R. Wilson M.D.</b>  |   | 22b. ADDRESS <b>Mt. Vernon, Missouri</b>   | 22c. DATE SIGNED <b>8-26-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   | 23b. DATE <b>Aug. 29, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>  |
| 24. FUNERAL DIRECTOR <b>Emerson's Baldwin, Kennett, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>1-17-63</b>  | 26. REGISTRAR'S SIGNATURE <b>Roy Grantham</b>   |

FEB-13 1963

**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 *L. T. Emerson*

Licensed Embalmer No. 5148

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