MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039431
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 5392 Registrar's No. 94

FILED OCT 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0330
2	0330
3	1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Watkins Township — Length of stay in 1b: 43 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Lake Spring — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): P.O. Lake Spring, Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOEL Middle EVERETT Last CRAVEN

4. DATE OF DEATH: Month October Day 17 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/15/81
9. AGE (last birthday): 82 — 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): Retail Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (City and state or country): Sherrell, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Dr. Taylor M. Craven
13b. MOTHER'S MAIDEN NAME: Amanda Ellen Sally
14. NAME OF HUSBAND OR WIFE: Sallie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi[illegible]
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Sallie Craven — Address: Lake Spring, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Pancreas — 4 mos
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 2-11-57, to 10-17-63 and last saw ~~him~~ him alive on 10-17-63
Death occurred at 5:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roy E. Mitchell M.D.
22b. ADDRESS: Salem, Mo.
22c. DATE SIGNED: 10/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/19/1963
23c. NAME OF CEMETERY OR CREMATORY: Lake Spring Cemetery
23d. LOCATION (City, town, or county) (State): Lake Spring, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Max L. Warfel Salem, Mo
25. DATE RECD. BY LOCAL REG.: 10-18-63
26. REGISTRAR'S SIGNATURE: M.M. Hart, M.D. by A.M.

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.