

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED OCT 14 1949

State File No. **32865**

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6279** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mansfield, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Gasconade	
c. LENGTH OF STAY (in this place) 2 Yrs		d. STREET ADDRESS (If rural, give location) 5 Miles West mansfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Brice c. (Last) Cravens			4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 19 1947	9. AGE (In years last birthday) 2	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 2 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mansfield, Mo.	
				12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Robert Cravens		13b. MOTHER'S MAIDEN NAME Bertha Winkler		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Cravens Mansfield, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wilms Tumor		DUE TO (b) _____			9 mo
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			180X
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. Generalized Metastases					3 mo

19a. DATE OF OPERATION 12-20-48		19b. MAJOR FINDINGS OF OPERATION Wilms Tumor. Involvement mesenteric glands			20. AUTOPSY (Specify) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
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?	

22. I hereby certify that I attended the deceased from **12-15, 1948**, to **9-15, 1949**, that I last saw the deceased alive on **7-1, 1949**, and that death occurred at **7: A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Levin B. D. ...		23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 9-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 18 1949		24c. NAME OF CEMETERY OR CREMATORY Hensley Cemetery	
				24d. LOCATION (City, town, or county) (State) Mansfield, Mo.	

DATE REC'D BY LOCAL REG. 10-8-49		REGISTRAR'S SIGNATURE EB Garner		384	
		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden		ADDRESS Hartsville, Mo	

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

RECEIVED OCT 10 1949
District Health Office No. 6.
District File Number 1049-1089
Date Filed 10-10-49

NOV 28 1949

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.

Signed Gene E. Holdren

Signed _____
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.