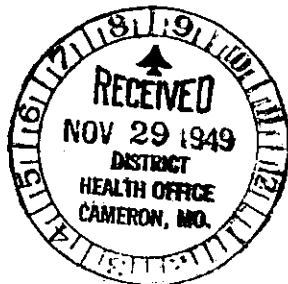


FILED DEC 1 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 40037

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6272		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Adentus</u>		c. LENGTH OF STAY (In this place) <u>5984</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Adentus</u>		11-15	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>/</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi - NE of Danvers MO</u>			
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		b. (Middle) <u>ANDREW</u>		c. (Last) <u>GRAVEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar-22-1865</u>	
9. AGE (In years last birthday) <u>84</u>		10. YEARS <u>7</u> MONTHS <u>24</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Richard Craven</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tuedell</u>	
13c. NAME OF HUSBAND OR WIFE <u>Deela Craven</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Edna White Grant</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Mitral Stenosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>✓</u>  DUE TO (c) <u>✓</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  345X				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (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) m.		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 <u>Jan 10, 1948</u> , to <u>11-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-12</u> , 19 <u>49</u> , and that death occurred at <u>6:00</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edna White Grant</u>		(Degree or title) <u>II</u>		23b. ADDRESS <u>Grand Oak MO</u>		23c. DATE SIGNED <u>11-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Danvers MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 26 1949</u>		REGISTRAR'S SIGNATURE <u>Edna White Grant</u>		345 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grand Oak MO</u>	



### 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 \_\_\_\_\_

*John Anderson*

Licensed Embalmer No. 4211

P. O. Address Grant City 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.