No. 300
10.48

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

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29255

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6283 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elk Creek Twp
c. LENGTH OF STAY (in this place): 56 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elk Creek Twp. 1140
d. STREET ADDRESS (If rural, give location): 15 Miles North Hartville

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Elizabeth
c. (Last): Cravens

4. DATE OF DEATH (Month) (Day) (Year): 8 2 1950

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-27-1895
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 11, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wright County
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: J. C. Claxton
13b. MOTHER'S MAIDEN NAME: Jeritha Baker
14. NAME OF HUSBAND OR WIFE: Clay Cravens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Clay Cravens Competition, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

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. 5-12X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 3, 1948, *to* Aug 2, 1950, *that I last saw the deceased alive on* July 28, 1950, *and that death occurred at* 8:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Mott (Degree or title) M.D.
23b. ADDRESS: Hartville Mo
23c. DATE SIGNED: 8-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-6-1950
24c. NAME OF CEMETERY OR CREMATORY: Claxton Cemetery
24d. LOCATION (City, town, or county) (State): Competition, Mo

DATE REC'D BY LOCAL REG.: Aug. 23-50
REGISTRAR'S SIGNATURE: E. P. Garner 346
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gene E. Holden Hartville, Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 1950

OCT 1950

County File Number 8302

Date Filed AUG 26 1950

AUG 28 [redacted]

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 Gene E Holden

Licensed Embalmer No. 3865

P. O. Address Hartville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.