

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37369

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 454

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner 0480	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) South Hudson Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION her own home			

3. NAME OF DECEASED (Type or Print) a. (First) Rebecca b. (Middle) Birdie c. (Last) Craven			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24. 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW ✓	
8. DATE OF BIRTH Ap. 24. 1864		9. AGE (In years last birthday) 86		10. MONTHS 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife duties		10b. KIND OF BUSINESS OR INDUSTRY her own home		11. BIRTHPLACE (State or foreign country) Missouri City, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Wright		13b. MOTHER'S MAIDEN NAME Sarah Cruse		14. NAME OF HUSBAND OR WIFE Oliver Shannon Craven	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Miss Mamie Craven	
				ADDRESS Buckner, 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) <u>Coronary Stenosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X			INTERVAL BETWEEN ONSET AND DEATH 151X
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (Min)		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 Oct 16, 1950, to Nov. 24, 1950, that I last saw the deceased alive on Nov. 24, 1950, and that death occurred at 10:55 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. Robertson, M.D.</u>		23b. ADDRESS Buckner Missouri		23c. DATE SIGNED Nov. 25. 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 26. '50		24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Buckner Missouri	
DATE REC'D BY LOCAL REG. Nov. 25-1950		REGISTRAR'S SIGNATURE <u>J. W. Robertson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reppert</u>	
				ADDRESS Buconer Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 2 RECD

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 and

Student Embalmer No. 410

working under my personal supervision

Student Charles E. Lutman
Student Embalmer

Signed Vernon M. Reppert

Licensed Embalmer No. 431

P. O. Address Buckner, 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.