

FILED JUL 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22211

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Rural Castor</b> <b>1030</b>	
c. LENGTH OF STAY (in this place) <b>3hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Bloomfield R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b>		b. (Middle) <b>M.</b>	
c. (Last) <b>Cravens</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 26 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 7, 1904</b>
9. AGE (In years last birthday) <b>46</b>		10. UNDER 1 YEAR (Months) (Days) <b>10 19</b>	11. UNDER 12 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe factory</b>	
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Ben Spartin Natural</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Cravens</b>	
13a. FATHER'S NAME <b>John M. Cravens Adopted</b>		14. NAME OF HUSBAND OR WIFE <b>Lorena Cravens</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>493-01-0816</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Eva Holland</b>		ADDRESS <b>Advance Mo. R #1</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <b>Multiple Fracture of Ribs</b>	
III. ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>Multiple Fracture of Ribs</b>	
DUE TO (c)		<b>E8166</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>26</b> <b>113</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Highway intersection</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Bloomfield Stoddard Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6/26-1951-630AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Collision with Motor Vehicle at intersection</b>	
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>8154 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Coronel Poplar Bluff Mo</b>		23b. ADDRESS	23c. DATE SIGNED <b>7/2-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-28-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Near Bloomfield Mo.</b>
DATE REC'D BY LOCAL REG. <b>July 5 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chiles Und. Co. Bloomfield, Mo.</b>

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

01240

RECEIVED

JUL 10 1951 JUL 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-331

1951-62-7005

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, <sup>and</sup> ~~we~~ by

Howard Cooper, Licensee 3996

working under my personal supervision.

Student Embalmer No. ....

Signed Lulu Cooper

Signed.....  
Student Embalmer

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.