

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32301

State File No. ....

BIRTH NO. .... REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 69

1. PLACE OF DEATH  
a. COUNTY Stoddard  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter  
c. LENGTH OF STAY (In this place) 80 yr.  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Stoddard  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)  
a. (First) Hiram b. (Middle) Lee c. (Last) Cravens  
4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed  
8. DATE OF BIRTH Dec. 16, 1870 9. AGE (In years last birthday) 80  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer  
10b. KIND OF BUSINESS OR INDUSTRY farming  
11. BIRTHPLACE (State or foreign country) Caly Co. Ark. /  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Cravens 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XX  
16. SOCIAL SECURITY NO. x x  
17. INFORMANT'S SIGNATURE OR NAME Frank Cravens ADDRESS Dexter, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertension and Arteriosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 Sept. 5th, 1951, to Sept. 9th, 1951, that I last saw the deceased alive on Sept. 7th, 1951, and that death occurred at 2 A. M., from the causes and on the date stated above.

23a. SIGNATURE D. J. Cannon (Degree or title) 23b. ADDRESS Dexter, Mo. 23c. DATE SIGNED 9/10/51.

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 9-11-51 24c. NAME OF CEMETERY OR CREMATORY Hagy Cemetery 24d. LOCATION (City, town, or county) (State) Dexter, Mo. North

DATE REC'D BY LOCAL REG. 9-12-51 REGISTRAR'S SIGNATURE Helma J. Ferguson 409. 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Fun. Ser. ADDRESS Dexter, Mo.

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

1031

FILED OCT 1 1951

RECEIVED

SEP 18 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Walter March Waters

Signed.....  
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Jester, 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.