

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30997**

FILED SEP 19 1952

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5209 Registrar's No. 71

0170
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Carroll</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leslie</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Leslie Twp</u> d. STREET ADDRESS (If rural, give location) <u>Bogard 0170</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Craven</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15, 1952</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 28-1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </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		11. BIRTHPLACE (City and State or Foreign Country) <u>RAY COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John B. Craven</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>	14. NAME OF HUSBAND OR WIFE <u>DORA CRAVEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harry Craven Bogard Mo</u>	
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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* (a) <u>Pericardial Effusion & Liner</u> 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.	INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>155X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Aug 1, 1952, to Sept 15, 1952, that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. M. Smith M.D.</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>Sept 15 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ZION</u>	24d. LOCATION (City, town, or county) (State) <u>Bogard Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-17-52</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Decker Bogard Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1958

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 E. A. Anderson

Licensed Embalmer No. 2534

P. O. Address Beggs MD

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.