

FILED JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4664

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6274 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo 6274</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South of Grant City 1 1/2 mile</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1 1/2 mile south</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Township 6274</u>	
3. NAME OF DECEASED a. (First) <u>Cleo</u> b. (Middle) <u>Thaine</u> c. (Last) <u>Craven</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 - 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 2 - 1916</u>
9. AGE (In years) (Months) (Days) <u>36 5 1</u>		9. AGE (In years) (Months) (Days) <u>36 5 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Ravenwood Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J. L. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Frankie Bennett</u>	
14. NAME OF HUSBAND OR WIFE <u>Carl Craven</u>			
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 <u>Carl Craven</u> ADDRESS <u>Grant City Mo</u>			
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>Acute Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Pulmonary Disease</u> <u>4 years</u> DUE TO (c) <u>Chronic Nephritis</u> <u>5 years</u> 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 <u>592x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <u>1948</u> , to <u>1-2</u> , 1953, that I last saw the deceased alive on <u>1-2</u> , 1953, and that death occurred at <u>4:45 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank B. Madison M.D.</u> (Degree or title)		23b. ADDRESS <u>Grant City, Mo</u>	
23c. DATE SIGNED <u>1-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 6 - 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 10 - 1953</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u> 345	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrew</u>		ADDRESS <u>Grant City Mo</u>	

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

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 \_\_\_\_\_

*John Andrews*  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John Andrews*  
Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.