

STANDARD CERTIFICATE OF DEATH

State File No. **9517**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 253

390
1

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S. C. Springfield,		c. LENGTH OF STAY (In this place) 4 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 9		d. STREET ADDRESS (If rural, give location) Campbell Route 9	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Jacob c. (Last) Craker		4. DATE OF DEATH (Month) (Day) (Year) March 9, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 27, 1871
9. AGE (In years last birthday) 81		10. MONTHS 3	11. DAYS 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer	11. BIRTHPLACE (State or foreign country) Douglas County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME Trinvilla Williams		14. NAME OF HUSBAND OR WIFE Lois Ann Craker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — — —		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME Miss Grace Craker		ADDRESS Springfield,	
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) Cerebral thrombosis		Mo. 10 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS		ANTECEDENT CAUSES	
Conditions contributing to the death but not related to the disease or condition causing death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x	
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) (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 March 1, 1953, to March 9, 1953, that I last saw the deceased alive on March 9, 1953, and that death occurred at 5:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Branton		23b. ADDRESS M.D. Springfield Mo	
23c. DATE SIGNED 3/9/53		24a. LOCATION (City, town, or county) (State) Rogersville, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 11, 1953	
24c. NAME OF CEMETERY OR CREMATORY Palmetto		24d. NAME OF CEMETERY OR CREMATORY Rogersville, Missouri	
DATE REC'D BY LOCAL REG. 3-9-53		REGISTRAR'S SIGNATURE Grace Craker	
25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home, Inc.		ADDRESS Springfield, Missouri	

1953

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.