

STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED AUG 18 1953

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY Ray

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ray

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Crooked River
c. LENGTH OF STAY (in this place) 2 hours

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henrietta 0890
d. STREET ADDRESS (If rural, give location) Streets not named

3. NAME OF DECEASED
a. (First) Faye
b. (Middle) Evelyn
c. (Last) Kraft
4. DATE OF DEATH August 10, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 6, 1909
9. AGE (In years, last birthday) 44
10. MONTHS 0
11. DAYS 4
12. IF UNDER 1 YEAR: Hours 4
13. IF UNDER 1 Mth: Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Zanesville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Tosh
13b. MOTHER'S MAIDEN NAME Bertha Hancock
14. NAME OF HUSBAND OR WIFE Ivan Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 497-34-6172
17. INFORMANT'S SIGNATURE OR NAME Ivan Kraft
ADDRESS Henrietta, Mo.

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) accident
ANTECEDENT CAUSES
DUE TO (b) car hit bridge
DUE TO (c) abutment & turned over - Death instantaneous
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 OUTSIDE HOME/WORK (Specify) _____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Henrietta, Ray, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-10-53-15 P
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? car hit bridge & turned over

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Dr. John F. Baber, 3rd Coronary
23b. ADDRESS Richmond Mo.
23c. DATE SIGNED 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-13-1953
24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery
24d. LOCATION (City, town, or county) (State) Richmond, Mo.

DATE REC'D BY LOCAL REG. Aug 15-1953
REGISTRAR'S SIGNATURE Mabel Jackson
25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter
ADDRESS Richmond Mo.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.