

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35262**
Registrar's No. **54**

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **3609**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson	
c. LENGTH OF STAY (in this place) life		0161 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION East Main Street		d. STREET ADDRESS (If rural, give location) East Main Street	

3. NAME OF DECEASED (Type or Print) Lillian (Lewis) Cravens			4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1953		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 8 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Jackson, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edgar Mason	13b. MOTHER'S MAIDEN NAME Carrie Hatcher	14. NAME OF HUSBAND OR WIFE Henry Cravens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Helen Horrell	ADDRESS P.O. Box 12, Jackson, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterioda nephrosclerosis		6 mos.
DUE TO (c) Diabetes mellitus		?	
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 446X	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) 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 **July, 1953**, to **Oct 28, 1953**, that I last saw the deceased alive on **Oct 28, 1953**, and that death occurred at **1:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE J. N. Jaeger M.D.	(Degree or title)	23b. ADDRESS Jackson, Mo	23c. DATE SIGNED 11-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Russell Heights Cemetery	24d. LOCATION (City, town, or county) (State) Jackson, Missouri
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DATE REC'D BY LOCAL REG. Nov 3-53	REGISTRAR'S SIGNATURE D. G. Seiber	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks	ADDRESS Cape Gir., Mo.
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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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.