

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10879**  
Registrar's No. **38**

BIRTH NO. **FILED MAR 26 1954** REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

No. 300  
10.48

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

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Hwy. 61 &amp; Lynn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hwy. 61 &amp; Lynn</b>			

3. NAME OF DECEASED a. (First) <b>Joseph</b> b. (Middle) <b>Monroe</b> c. (Last) <b>Cravens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 14 54</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		<b>Widowed</b>		8. DATE OF BIRTH <b>MARCH-10-1884</b>	
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Gas. Station Op.</b>		11. BIRTHPLACE (State or foreign country) <b>MARTIN TENN.</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Gas. Station</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>WILLIAM CRAVENS</b>		13b. MOTHER'S MAIDEN NAME <b>Louise ANNA STANLY</b>		14. NAME OF HUSBAND OR WIFE <b>IELMA LEE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-03-1144</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Andy Hill</b> ADDRESS <b>Sikeston Mo</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
		ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at **8:20P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. J. Martin M.D.</b> (Degree or title)		23b. ADDRESS <b>Sikeston Mo</b>		23c. DATE SIGNED <b>3/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/19/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sikeston City Sikeston Mo.</b>	
24d. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Welch Funeral Home</b>		ADDRESS <b>Sikeston Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-19-54</b>		REGISTRAR'S SIGNATURE <b>Mrs Callahan</b>			

DATE RECEIVED MAR 22 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 354-72

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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

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.