No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED APR 6 1954

State File No. 10943

BIRTH NO. _____ REG. DIST. NO. ~~6196~~ 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Sheerett
c. LENGTH OF STAY (In this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY Pulaski
c. CITY OR TOWN ✓
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS ✓ (If rural, give location)

0850

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Alva c. (Last) Craft
4. DATE OF DEATH (Month) (Day) (Year) Mar 25, 1954
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 29, 1870
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Guard
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Asa Craft
13b. MOTHER'S MAIDEN NAME Fannie Spurgeon
14. NAME OF HUSBAND OR WIFE Grace Croft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-Amer
16. SOCIAL SECURITY NO. 493 03 5848
17. INFORMANT'S SIGNATURE OR NAME George Andrew Craft ADDRESS Eureka, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary & cardiac arrest

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary thrombosis 2 or 3 years
DUE TO (c) cardio vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1954, *to* March 25, 1954, *that I last saw the deceased alive on* dead on arrival, 19__, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE B. J. Myers (Degree or title) D.O.
23b. ADDRESS Licking, Mo.
23c. DATE SIGNED 3-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-27-54
24c. NAME OF CEMETERY OR CREMATORY Williams Cem.
24d. LOCATION (City, town, or county) (State) Licking Texas Co Mo

DATE REC'D BY LOCAL REG. Mar. 30, 1954
REGISTRAR'S SIGNATURE Elnora Hesse 324-0
25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson ADDRESS Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eubert E. Ferguson

Licensed Embalmer No. 294

P. O. Address Licking

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.