

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29766

5086 State File No.  
4033 Registrar's No.

FILED SEP 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RED Amoret Mo.</u>		c. CITY OR TOWN <u>Amoret Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>43 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>RFD Bates Co. Homer Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>W.</u> c. (Last) <u>Craft</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 54</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 3 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Knot Co Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jason Craft</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Craft</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rex Miller-Butler Mo.</u>	

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, asphyxia, 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) <u>Generalized Carcinoma tons.</u>		<u>L</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Primary Carcinoma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>lung - 162x</u>		<u>4/12/54</u>	

19a. DATE OF OPERATION <u>4/20/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Ca Lung 3xploratory</u>		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)	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 4/12/54 to 9/12/54, that I last saw the deceased alive on 11/15 AM, 1954, and that death occurred at 11:15 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Carter V. Zuter MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>9/12/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/14/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Missouri</u>

DATE REC'D BY LOCAL REG. <u>Sept. 13-54</u>	REGISTRAR'S SIGNATURE <u>Kendall Kersey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver Underwood Butler Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

090

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.....  
Signature of Student Embalmer

Signed *Robert G. Stumbach*.....

Licensed Embalmer No. *465*.....

P. O. Address *Butte*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.