

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29835

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1012

1. PLACE OF DEATH a. COUNTY <u>Buchanan County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph Mo</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY OR TOWN <u>Grant City Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>no street address!</u> <u>1130</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Charles</u> (Middle) <u>Curtis</u> (Last) <u>Craven</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 - 1954</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>Aug 17 - 1906</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Station</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denver Mo</u>	
10a. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11a. FATHER'S NAME <u>John Craven</u>		11b. MOTHER'S MAIDEN NAME <u>Alta Jones</u>		11c. NAME OF HUSBAND OR WIFE <u>Louise Craven</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		12. SOCIAL SECURITY NO. <u>491-22-7740</u>		12. INFORMANT'S SIGNATURE OR NAME <u>Louise Craven</u> ADDRESS <u>Grant City Mo</u>			
13. 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.				14. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound, left thigh</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
15. DATE OF OPERATION		15. MAJOR FINDINGS OF OPERATION <u>E976X</u>				16. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17. ACCIDENT SUICIDE HOMICIDE (Specify)		17. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		17. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grant City WORTH Mo.</u>			
18. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 7 '54 1:00 PM</u>		18. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		18. HOW DID INJURY OCCUR? <u>Self inflicted shotgun wound</u>			
19. I hereby certify that I attended the deceased from <u>7 Sept, 1954</u> , to <u>11 Sept, 1954</u> , that I last saw the deceased alive on <u>11 Sept, 1954</u> , and that death occurred at <u>5:25 p.m.</u> , from the causes and on the date stated above.							
20. SIGNATURE (Degree or title) <u>Miller B. McDonald, M.D.</u>				20. ADDRESS <u>301 N. 8th St. St. Joseph Mo.</u>		20. DATE SIGNED <u>20 Sept 54</u>	
21. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		21. DATE <u>Sept 14 - 54</u>		21. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>		21. LOCATION (City, town, or county) (State) <u>Denver Mo.</u>	
22. DATE REC'D BY LOCAL REG. <u>Sept 21, 1954</u>		22. REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		22. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u> ADDRESS <u>Grant City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SLIP 28

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 John Andrews, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 42

P. O. Address Grant Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.