

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37610

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Stanberry Inside Limits OR TOWN		c. CITY OR TOWN Stanberry Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 417 North Elm Length of stay in lb		d. STREET ADDRESS (If outside, give location) 417 North Elm Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mr. Benjamin Franklin Craven First Middle Last			4. DATE OF DEATH Dec 5 1956 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Widower	8. DATE OF BIRTH June 1 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) Gentry Co. MO.
13. FATHER'S NAME Richard Craven		14. MOTHER'S MAIDEN NAME Sarah Tweedell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Henderson Craven Stanberry, Mo. Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Renal and cerebral disease			INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown. DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arthritis, Diabetes Mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 446X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 15, 1952 to Dec 5, 1956 and last saw her ^{her} alive on Dec 5, 1956 Death occurred at 10 O'clock A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clara L. Carlin M.D.		22b. ADDRESS Stanberry, Mo.	22c. DATE SIGNED 12-6-56
23a. BURIAL, CREMATION, OR OTHER (Specify) Burial	23b. DATE 12/7/56	23c. NAME OF CEMETERY OR CREMATORY Miller	23d. LOCATION (City, town, or county) (State) East of Denver, Mo.
24. FUNERAL DIRECTOR Gatoy F. Phillips Stanberry ADDRESS		25. DATE RECD. BY LOCAL REG. Dec 7 - 56	26. REGISTRAR'S SIGNATURE Maudie Williams

Health,
Welfare
Public
Service300
1-56All
causes
of
death
due
to
natural
causes.
Coroner
cannot
certify
to
a
death
due
to
natural
causes.
All
symptoms
will
be
listed.
No
symptoms
will
be
listed.
No
symptoms
will
be
listed.
No
symptoms
will
be
listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *John A. Phillips*

Licensed Embalmer No. *189*

P. O. Address *Stonewood*

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.