

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24306

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 512

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u> | | c. CITY OR TOWN <u>Windsor</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>709 W. Jackson</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Edson</u> Middle <u>K.</u> Last <u>Craft</u> | | 4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 19, 1869</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>88</u> |
| 11. BIRTHPLACE (City and state or country) <u>Dayton, Pa.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>James S. Craft</u> | | 14. MOTHER'S MAIDEN NAME <u>Harritt Hyskell</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>Rose Weaver</u> Address <u>Windsor, Mo.</u> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4500</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>1 yr</u> <u>30 yrs ±</u> |
| 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.) | |
| 20c. TIME OF INJURY Hour <u>a. m.</u> Month <u>p. m.</u> Day <u></u> Year <u></u> | | | |
| 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 <u>May 1, 1957</u> to <u>7 July 1957</u> and last saw <u>him</u> alive on <u>7 July 1957</u> . Death occurred at <u>9:30 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>William J. Smith MD</u> | | 22b. ADDRESS <u>Windsor Mo.</u> | |
| 22c. DATE SIGNED <u>7/9/57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>July 9, 1957</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Ellis Huston,</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-12-57</u> | |
| ADDRESS <u>Windsor Mo.</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service

00-56

Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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 *Clifford Gouge*.....

Licensed Embalmer No. *56*

P. O. Address *Windsor*

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