

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004397
State File No.

FILED FEB 19 1958

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 14

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 township) <u>Butler</u>		c. CITY OR TOWN <u>Butler</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>5 days</u>		e. STREET ADDRESS (If rural, give location) <u>Nine miles W. Butler, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Davis</u> c. (Last) <u>Craft</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1958</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>6-30-1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months IF UNDER 12 HRS. Hours Min.
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 <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ezel, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Wilson Craft</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Pieratt</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Craft</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. <u>562-34-7505</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Craft, Rt. 4, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia -</u> <u>Chronic interstitial nephritis with thromb</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebro-Vascular</u> DUE TO (c) <u>Degenerative disease -</u>		INTERVAL BETWEEN ONSET AND DEATH	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>334X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 April 15, 1958, to Jan 28, 1958, that I last saw the deceased alive on Jan 27, 1958, and that death occurred at 4:15am m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. A. Beck Jr.</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Butler, Missouri</u>		23c. DATE SIGNED <u>1-30-58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-30-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Virginia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co., Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 30. 58</u>		REGISTRAR'S SIGNATURE <u>Randall Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer & Mangold F. H., Amsterdam,</u>		ADDRESS	
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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 L. Mangold

Licensed Embalmer No.....4972

P. O. Address....LaCygne, Ke

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.