

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017184
STATE FILE NUMBER

FILED JUN 2 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 179

300
1-57

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived, if in institution; Residence before admission) a. STATE MISSOURI b. COUNTY SCOTLAND	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KIRKSVILLE, MO. TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MEMPHIS 0990 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR COMMUNITY NURSING HOME INSTITUTION # 1		Length of stay in lb 3MO.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DOW CRAVENS			4. DATE OF DEATH Month Day Year MAY 22, 1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 25, 1880	9. AGE (In years, months, days) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAIL CARRIER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SCOTLAND CO., MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME DAVID CRAVENS	13b. MOTHER'S MAIDEN NAME CATHERINE COE	14. NAME OF HUSBAND OR WIFE MAY BELLE CRAVENS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-42-1977	17. INFORMANT NELLIE HARRICKMAN, Address MEMPHIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Tumor		INTERVAL BETWEEN ONSET AND DEATH hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Encephalomalacia	months
	DUE TO (c) Cerebral arteriosclerosis	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a-c)		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.)
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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
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21. I attended the deceased from 2-28-58 to 5-22-58 and last saw ^{her} him alive on 5-22-58 Death occurred at 7:48 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George H. Scheurer, D.O.	22b. ADDRESS Berksville	22c. DATE SIGNED 5-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 24,	23c. NAME OF CEMETERY OR CREMATORY HICKERY GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) SCOTLAND CO., MO.
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24. FUNERAL DIRECTOR Gertha Brackett ADDRESS Memphis Mo	25. DATE RECD. BY LOCAL REG. 5-26-58	26. REGISTRAR'S SIGNATURE Dora W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 25 1958

JUN 3 1958

JUN 4 1958

AUG 1 1958

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 *Albert C Girth*

Licensed Embalmer No. *4257*

P. O. Address *Memphis*

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.