

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028370
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 513

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1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Corning	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital		STREET ADDRESS (If outside, give location) Rt-1	
Length of stay in lb 40 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EDGAR POE CRAFTON			4. DATE OF DEATH Month Day Year August 9, 1958			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 3, 1885		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Harviell, Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Anthony Crafton		13b. MOTHER'S MAIDEN NAME Lucy Poe		
14. NAME OF HUSBAND OR WIFE Effie Mae Crafton		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. 432-14-3057		
17. INFORMANT Mrs. Effie Crafton		Address Rt-1 Corning, Ark.				

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>Pulmonary pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>uremia</u>			<u>6 mos</u>		
DUE TO (c) <u>Cancer of prostate</u>			<u>177X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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>June 25</u> to <u>Aug 9 1958</u> and last saw her alive on <u>Aug 8 1958</u> Death occurred at <u>8:45 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. E. Ruff MD</u> (Degree or title)			22b. ADDRESS <u>Knierbein Clinic</u> <u>Poplar Bluff Mo</u>		22c. DATE SIGNED <u>8-20-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <u>8/10/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Corning</u>		23d. LOCATION (City, town, or county) (State) <u>Corning, Arkansas</u>	
24. FUNERAL DIRECTOR <u>Russell-Erment</u>		ADDRESS <u>Corning, Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>8/23/58</u>		26. REGISTRAR'S SIGNATURE <u>R. M. ...</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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RECEIVED

AUG 27 1958

BUTLER CO. HEALTH CENTER

FILE NO. _____

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 *Richard O. Emmert*

Licensed Embalmer No. *782*

P. O. Address *Corning, NY*

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.