

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038829

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 27 Primary Registration District No. 3025 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY Butler Butler OR TOWN Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) BUTLER Memorial Hospital		Length of stay in lb 2 da.	d. STREET (If outside, give location) ADDRESS Charlotte Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sterling Middle Price Last Craven			4. DATE OF DEATH Month Nov Day 24 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 16 1961	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Bates Co.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jerry Craven		13b. MOTHER'S MAIDEN NAME Savanah Rains		14. NAME OF HUSBAND OR WIFE Amy Smith	
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 Address Theлма Wolfe-Amoret Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Hyper trophic prostate					6 years
DUE TO (c) urinary suppression					3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 June 1950 to April 24, 1958 and last saw him alive on Nov 24 1958 Death occurred at 1:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles W. Luetter MD			22b. ADDRESS Butler Missouri		22c. DATE SIGNED 11/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/26/58	23c. NAME OF CEMETERY OR CREMATORY SMITH Cemetery		23d. LOCATION (City, town, or county) (State) Bates Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Culver Underwood Funeral Serv. Butler			25. DATE RECD. BY LOCAL REG. NOV-26-1958		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 10 1959

2021 10

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 G. Anderson*
Licensed Embalmer No. *358*
P. O. Address *Butler*

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.