

*L. H. G. Th. Cravens*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014324

STATE FILE NUMBER

FILED APR 24 1959

Registration District No. 270

Primary Registration District No. 5910

Registrar's No. 28

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pemiscot TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Steele</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 mi. east. of Steele</u>		Length of stay in lb <u>9 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Odell</u> Middle <u>James</u> Last <u>James</u>			4. DATE OF DEATH Month <u>4</u> Day <u>9</u> Year <u>59</u>		
5. SEX <u>Female</u> <sup>3</sup>	6. COLOR OR RACE <u>Negro</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>4-16-25</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Spencer Ruffin</u>		13b. MOTHER'S MAIDEN NAME <u>Katie</u>		14. NAME OF HUSBAND OR WIFE <u>Jack James</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>Jack James, Gen. Del. Steele, Missouri.</u> Address	
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>Uremia</u> <u>Child birth</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Child birth</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>685x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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.) <u>685x</u>		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u>Steele, Missouri</u>		STATE <u>Missouri</u>
21. I attended the deceased from <u>4-9-59</u> to <u>4-9-59</u> and last saw her alive on <u>4-9-59</u> Death occurred at <u>4:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>L. H. G. Th. Cravens</u> (Describe or title) <u>M. D.</u>			22b. ADDRESS <u>Steele, Missouri</u>		22c. DATE SIGNED <u>4-10-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Steele, Missouri.</u>
24. FUNERAL DIRECTOR <u>John W. German Funeral Home, Hayti, Mo.</u>		ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>4-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Fessie B. Wilke</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

