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FILED VS AUG 24 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-029842
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5299 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY OR TOWN Marion Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 Miles east of Madison, Mo. — Length of stay in 1b 30 Min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY
c. CITY OR TOWN TOPEKA — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 520 Wilson St. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CARL Middle EUGENE Last CRAFT

4. DATE OF DEATH Month AUGUST Day 18 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 10, 1943
9. AGE (In years last birthday) 16 — 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) Not Employed
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) San Diego, Calif.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles A. Craft
13b. MOTHER'S MAIDEN NAME Martha Mae Kirkbride
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles A. Craft Address Topeka, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Head and Chest Injury — INTERVAL BETWEEN ONSET AND DEATH 30 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident
DUE TO (c)
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 ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident
20c. TIME OF INJURY Hour a.m. 10.15 p.m. Month, Day, Year Aug 18 59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 24
20f. CITY, TOWN, OR LOCATION Marion Township COUNTY Monroe 069 STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Russell E. Wilson (Degree or title) Coroner
22b. ADDRESS Monroe City Mo
22c. DATE SIGNED Aug 18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-19-1959
23c. NAME OF CEMETERY OR CREMATORY Fairmount Cem.
23d. LOCATION (City, town, or county) Blue Rapids, (State) Kans.

24. FUNERAL DIRECTOR Thompson-Mackey ADDRESS Madison, Mo.
25. DATE RECD. BY LOCAL REG. 8-19-1959
26. REGISTRAR'S SIGNATURE Elsie Robertson Miller

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

SEP 23 1959

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 Joseph R. Mackl

Licensed Embalmer No. 457

P. O. Address Madison, N

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.

AUG 27 1959