URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959

59-036972
STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print) First: Mackinzy Middle: Last: Cravens Sr.

4. DATE OF DEATH Month: Oct. Day: 13 Year: -59

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-10-1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: -- --
11. BIRTHPLACE (City and state or country): Henderson, Ky.
12. CITIZEN OF WHAT COUNTRY: U. S. A

13a. FATHER'S NAME: John Cravens
13b. MOTHER'S MAIDEN NAME: UNK.
14. NAME OF HUSBAND OR WIFE: THRESA CRAVENS

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.: 491-18-7296
17. INFORMANT: Mackinzy Cravens Jr. Address: New Madrid, Mo

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 59, to 13 Oct 59 and last saw her/him alive on 13 Oct 59
Death occurred at 7 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] MD
22b. ADDRESS New Madrid, Mo
22c. DATE SIGNED 16 Oct 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-15-59
23c. NAME OF CEMETERY OR CREMATORY: Lathem
23d. LOCATION (City, town, or county) (State): New Madrid, Mo.

24. FUNERAL DIRECTOR: Richards Und't Co. ADDRESS: New Madrid,
25. DATE RECD. BY LOCAL REG.: 10-17-1959
26. REGISTRAR'S SIGNATURE: Fay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NDED

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_____ Signed L S Hedgpeth

Signature of Student Embalmer

Licensed Embalmer No. 3903

P. O. Address New Madri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.