

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7974**
Registrar's No. **20**

FILED MAR 16 1954 REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5182**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Shawnee		b. COUNTY Cape Girardeau	
c. LENGTH OF STAY (in this place) 70 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shawnee Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 mi West Neelys Landing		d. STREET ADDRESS (If rural, give location) 1 1/2 miles West Neelys Landing	

3. NAME OF DECEASED (Type or Print) a. (First) HIRAM	b. (Middle) ALBERT	c. (Last) CRAFT	4. DATE OF DEATH (Month) (Day) (Year) March 4, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 3, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days 	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Philip Craft	13b. MOTHER'S MAIDEN NAME Lydia McCain	14. NAME OF HUSBAND OR WIFE Julia Brown Craft
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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'S SIGNATURE OR NAME Mr. John Littleton	ADDRESS Cape Girardeau
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTEL BETWEEN ONSET AND DEATH one day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Thorax		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis		6 mo	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Dec 1, 1953**, to **March 4, 1954**, that I last saw the deceased alive on **March 2, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Leonard M.D.	23b. ADDRESS Quincy Mo	23c. DATE SIGNED 3-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY New Bethel	24d. LOCATION (City, town, or county) (State) near Neelys Landing Mo
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DATE REC'D BY LOCAL REG. Mar 10-54	REGISTRAR'S SIGNATURE D. S. Silver 43	25. FUNERAL DIRECTOR'S SIGNATURE ReMiller	ADDRESS Quincy Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
0.48

1928

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
Student Embalmer

Signed Gene C. Craun

Licensed Embalmer No. 4327

P. O. Address Andover, Ma.

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 this body is not embalmed, fact should be so stated above.