

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001155

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 11

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Douglas</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Douglas</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rt 2 West Plains</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>West Plains</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Rt 2</i>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Price</i> Middle <i>C.</i> Last <i>Craftree</i>			4. DATE OF DEATH Month <i>1</i> Day <i>4</i> Year <i>59</i>				
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Wht</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-13-1888</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>11</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Ozark Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Jes. B. Craftree</i>		13b. MOTHER'S MAIDEN NAME <i>Meriah Hulsey</i>		14. NAME OF HUSBAND OR WIFE <i>Delia Craftree</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>yes</i>		17. INFORMANT <i>Delia Craftree</i> Address <i>Amours Mo</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>coronary thrombosis</i>		<i>1 hour</i>
	DUE TO (c) <i>arteriosclerotic heart disease</i>		<i>1 year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour <i></i> Month, Day, Year a.m. <i></i> p.m. <i></i>			
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 <i>11/28/55</i> to <i>1/4/59</i> and last saw him alive on <i>11/28/55</i> Death occurred at <i>10:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>M. L. Fowler</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>West Plains Mo.</i>	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1-8-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cem. West Plains Mo</i>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>Robertson's West Plains</i>		25. DATE RECD. BY LOCAL REG. <i>1-29-59</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... *Robert J. Drago*

Licensed Embalmer No. *4347*

P. O. Address *West Plains*

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.