

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

FILED AUG 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Crooked River</u>		c. LENGTH OF STAY (In this place) <u>2 hours</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles east Richmond, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henrietta</u>	
		d. STREET ADDRESS (If rural, give location) <u>Streets not named</u>	

3. NAME OF DECEASED a. (First) <u>Faye</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Kraft</u>			4. DATE OF DEATH <u>August 10, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 6, 1909</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR: MONTHS <u>0</u> DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Zanesville, Illinois /</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William Tosh</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Hancock</u>	14. NAME OF HUSBAND OR WIFE <u>Ivan Kraft</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>497-34-6172</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ivan Kraft, Henrietta, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>car hit bridge</u> DUE TO (c) <u>submerg. &amp; turned over - Death instantaneous.</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E. 8231</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Outside front porch</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Henrietta</u> (COUNTY) <u>Ray</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-10-53-10:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>car hit bridge submerg. &amp; turned over</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <u>Dr. John F. Baber, 3rd</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Richmond Mo.</u>	23c. DATE SIGNED <u>8-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 15-1953</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Cuta</u> ADDRESS <u>Richmond Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890  
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**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

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.