

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7157

BIRTH NO. 49-012110 REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6191 Registrar's No. 6

| | | | | | | | | |
|---|---|---|---|--|---|---|-------------------------|------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> <u>Coliver Twp.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Walnut shade</u> <u>no</u> | | c. LENGTH OF STAY (in this place) <u>no</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut shade</u> | | 106 0 0 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>D</u> | | | | |
| 3. NAME OF DECEASED a. (First) <u>Legatesh Marie</u> (Type or Print) | | | b. (Middle) <u>Craig</u> | c. (Last) <u>Craig</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-9-1949</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>Jan. 8-1949</u> | 9. AGE (In years last birthday) <u>1 day</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF OVER 1 YEAR Hours | IF OVER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (State or foreign country) <u>Home - Walnut shade MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Van Craig</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Verne Hoss Craig</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Van Craig</u> | | ADDRESS <u>Walnut shade MO</u> | | | |
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Don't know</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Died. During sleep had cried hard early part of night</u> | | | | | | | |
| | DUE TO (c) <u>As if she had indigestion for about an hour and then went to sleep.</u> | | | | | | | |
| | 11. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death <u>and found dead at 5 A.M.</u> | | | | | | | |
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> <u>7955</u> | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 9, 1949</u> to <u>Jan 9, 1949</u> , that I last saw the deceased <u>on Jan 9, 1949</u> , and that death occurred at <u>4 A.M.</u> from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harry Knight</u> | | | | 23b. ADDRESS <u>Carson</u> | | 23c. DATE SIGNED <u>MO 2-9-49</u> | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>2-9-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut shade MO</u> | | 24d. LOCATION (City, town, or county) (State) <u>Walnut shade MO</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>Feb 13-1949</u> | REGISTRAR'S SIGNATURE <u>J E Coquell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Wheelchel</u> | | ADDRESS <u>Carson MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,
District File Number 349-232

Date Filed 3-4-49

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

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm. L. Whelan

Licensed Embalmer No. 2277

P. O. Address Bramson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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