

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16686

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS	c. LENGTH OF STAY (in this place) 6 WKS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. WASHINGTON ST.		d. STREET ADDRESS (If rural, give location) FAIR VIEW HEIGHTS	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) LAYINA	c. (Last) CRAIG	4. DATE OF DEATH (Month) (Day) (Year) MAY 29, 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 22, 1879	9. AGE (In years last birthday) 70	10. Months 2	11. Days 7	12. Hours 7	13. Min. 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL HOUSE MOTHER	10b. KIND OF BUSINESS OR INDUSTRY GIRLS COLLEGE	11. BIRTHPLACE (State or foreign country) PARIS, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN W. ARNOLD	13b. MOTHER'S MAIDEN NAME ELLA M. KAMEY	14. NAME OF HUSBAND OR WIFE MILTON CRAIG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 223-30-48385	17. INFORMANT'S SIGNATURE OR NAME ARNOLD CRAIG	ADDRESS 3736 S. BENTON AVE. KANSAS CITY, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous Heart		INTERVAL BETWEEN ONSET AND DEATH 7 1/4
	ANTECEDENT CAUSES Acute Myocardial Infarction		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) ✓	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 **May 8, 1949**, to **May 29, 1949**, that I last saw the deceased alive on **May 29, 1949**, and that death occurred at **3 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Edbert Baker M.D. (Degree or title)	23b. ADDRESS PARIS, Mo.	23c. DATE SIGNED 5-29-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 30, 1949	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, Mo.
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DATE REC'D BY LOCAL REG. 5-29-49	REGISTRAR'S SIGNATURE Edbert Baker M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey	ADDRESS PARIS, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 10 1949

RECEIVED

District Health Officer No. 10

District File Number *6-11-9*

Date Filed JUN 3 - 1949

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 *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.