

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7682**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2824 Edmond Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2824 Edmond Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alwilda</u> b. (Middle) <u>****</u> c. (Last) <u>Craig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>April 23, 1877</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Kidder, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & Q. RR.</u>			

13a. FATHER'S NAME <u>Amos Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Breckenridge</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Craig St. Joseph, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Months</u>
		ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right Anterior Myo cardiac Infarction</u>			<u>1 Month</u>
		DUE TO (c) <u>7</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4/20/1</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 December 1, 1949, to 18 March, 1950, that I last saw the deceased alive on 18 March, 1950, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. W. H. Craig, M.D.</u>		23b. ADDRESS <u>405 South Bldg. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>20 March 50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Mar 28, 1950</u>		REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u>		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	
---	--	---	--	-----	--	---	--	--	--

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

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, of by *****

Student Embalmer No. *****

working under my personal supervision.

Student *****
Student Embalmer

Signed Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.