

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9571

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5723 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-E. Chariton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-E. Chariton</u> <u>0610</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>10 mi. S of Bevier Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution; give street address or location) <u>10 mi. S of Bevier, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>E.</u> c. (Last) <u>Craft</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1950</u>
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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>10/15/1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>

13a. FATHER'S NAME <u>William J. Lucas</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Ray</u>	14. NAME OF HUSBAND OR WIFE <u>L. D. Craft</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>New</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. D. Craft</u>	ADDRESS <u>Excellon, Mo.</u>
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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; athenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs 8 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 1, 1948 to Feb 15, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Conway M.D.</u>	(Degree or title)	23b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>3-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/27/50</u>	REGISTRAR'S SIGNATURE <u>W. H. McNeely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>	ADDRESS <u>Macon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4/6/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 4/50/54.....
Date Filed 4/11/50.....

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 Robert E. Kinner.....

Licensed Embalmer No. 75-1.....

P. O. Address Macon 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.