

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9803**

No. 300
10.48

FILED MAR 17 1950

BIRTH NO. _____ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **5879** Registrar's No. **2**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Osage	b. CITY (If outside corporate limits, write RURAL and give town or township) Rural (Benton Twp.)	a. STATE Missouri	b. COUNTY Osage
c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Benton Twp.)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chamois, Mo., RFD		d. STREET ADDRESS (If rural, give location) Chamois, Mo., RFD	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Martha Agness Craig	b. (Middle)	c. (Last)	(Month) March	(Day) 3	(Year) 1950
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 15, 1863	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Charles County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chiles P. Ferney	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Craven T. Craig
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. John O. Carsten	ADDRESS Chamois, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 332X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
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	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) (Min.) 7:30	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 1935, 19, to 3-3, 1950, that I last saw the deceased alive on 3-2, 1950, and that death occurred at 6 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. McFilly	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 3-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 5, 50	24c. NAME OF CEMETERY OR CREMATORY Deer Creek	24d. LOCATION (City, town, or county) (State) Osage County, Mo.
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DATE REC'D BY LOCAL REG. 3-5-50	REGISTRAR'S SIGNATURE Ether Saeber 234	25. FUNERAL DIRECTOR'S SIGNATURE Morton Funeral Home	ADDRESS Linn, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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District File Number _____

District Health Officer No. 9,
RECEIVED MAR 14 1950

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 _____

Vernon Morton

Licensed Embalmer No. *425*

P. O. Address _____

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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.