

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4605

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY <u>Pueblo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pueblo</u>	
c. LENGTH OF STAY (If applicable) <u>48 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1237 E. Orman Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wilmouth</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>9</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 28, 1868</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u> IF UNDER 11 HRS. Hours <u></u> Mins. <u></u>
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 <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>A. Y. Gilmore</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Trent</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur Craig</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Craig</u> ADDRESS <u>Glasgow, MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>4201</u>
	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 checked="" 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)	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 Feb 8 1951, to Feb 9, 1951, that I last saw the deceased alive on Feb 9, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Beech</u> (Degree or title)	23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>2-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boonesboro Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boonesboro, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-10-51</u>	REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u> ADDRESS <u>Fayette, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0451
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RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date filed 2-19-51

AUG 21 1953

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Ralph A. Carr*
Student Embalmer No.....

Licensed Embalmer No. 3340

P. O. Address Fayette 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.