No. 300
10-48

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FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11869

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5201 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" Dewitt Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 12 mi. East of Carrollton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Dewitt Twp. 0170
d. STREET ADDRESS (If rural, give location): 12 mi. East of Carrollton

3. NAME OF DECEASED (Type or Print): a. (First) MAGGIE b. (Middle) BELLE c. (Last) CRAIG

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 2, 1856
9. AGE (In years last birthday): 95 | 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Fields
13b. MOTHER'S MAIDEN NAME: Sophia King
14. NAME OF HUSBAND OR WIFE: John Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Glen Craig, ADDRESS: DeWitt Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infirmities of

DUE TO (c) Old age.

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: 4343
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1 *, 19*48*, to* April 13*, 19*51*, that I last saw the deceased alive on* April 12*, 19*51*, and that death occurred at* 8 a.m.*, from the causes and on the date stated above.*

23a. SIGNATURE: H. Hamilton Staten (Degree or title) M.D.
23b. ADDRESS: Carrollton, Mo.
23c. DATE SIGNED: April 16/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: Wharton Cem.
24d. LOCATION (City, town, or county) (State): Carroll Co. Mo.

DATE REC'D BY LOCAL REG.: Apr-15-1951
REGISTRAR'S SIGNATURE: Pearl Koch
25. FUNERAL DIRECTOR'S SIGNATURE: Standley & Gibson
ADDRESS: Carrollton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
16 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Ben W Gibson

Licensed Embalmer No. 296

P. O. Address Carrollton 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.