

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21089

| | | | | | | | |
|--|--|--|--|---|--|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>305</u> | | PRIMARY REG. DIST. NO. <u>6047</u> | | Registrar's No. <u>20</u> | |
| 1. PLACE OF DEATH <u>Home at Gilmore Mo</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>St Charles</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>Gilmore</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Gilmore</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| b. CITY OR TOWN <u>Gilmore</u> | | c. LENGTH OF STAY (in this place) <u>abt 8yr</u> | | b. COUNTY <u>St Charles</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>0920</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Mae</u> | | b. (Middle) <u>Martin</u> | | c. (Last) <u>Craft</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1951</u> | | 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>May 1 1894</u> | | 9. AGE (In years last birthday) <u>57</u> | | 10. MONTHS <u>- 27</u> | | 11. HOURS <u>1</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 | | 11. BIRTH PLACE (State or foreign country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Dont know</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dont know</u> | | 14. NAME OF HUSBAND OR WIFE <u>Max Craft</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> | | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Max Craft</u> | | ADDRESS <u>Gilmore Mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | DUPLICATE (b) <u>Hypertension</u> | | | 2 YRS. |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | DUPLICATE (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | DUPLICATE (d) | | | |
| 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) <u>4201</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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 <u>Oct 7</u> , 1950, to <u>May 28</u> , 1951, that I last saw the deceased alive on <u>May 28</u> , 1951, and that death occurred at <u>8:10A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W.E. Bergesen</u> <u>D.O.</u> | | | | 23b. ADDRESS <u>WENTZVILLE, Mo.</u> | | 23c. DATE SIGNED <u>5-29-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>May 30 51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>June 3 1951</u> | | REGISTRAR'S SIGNATURE <u>Maite P. Bell</u> <u>408</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T.E. Pitman Funeral Home</u> <u>Wentzville Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 23 1951

RECEIVED

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 *Annetta M. Titman*

Licensed Embalmer No. *3055*

P. O. Address *Wentzville, 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.