

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23688

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 1157

0610

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Macon</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Macon</p>	
b. CITY OR TOWN <p style="text-align: center;">Bevier</p>		c. CITY OR TOWN <p style="text-align: center;">Bevier</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">-----</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0</p>	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Cragg c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6-21-51			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 67	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) Domestic		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE -----
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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) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME E. M. Edwards	ADDRESS Bevier, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in home fire brought from unknown origin		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) ----- DUE TO (c) -----		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9160 16			

19a. DATE OF OPERATION accidental	19b. MAJOR FINDINGS OF OPERATION 061	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.) 6-	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bevier MACON, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-31-51 m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Stokola (MD) Coroner	(Degree or title)	23b. ADDRESS E. M. Edwards, Mo.	23c. DATE SIGNED 6-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-21-51	24c. NAME OF CEMETERY OR CREMATORY West Oakwood Cemetery	24d. LOCATION (City, town, or county) (State) Bevier, Missouri
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DATE REC'D BY LOCAL REG. 7-18-51	REGISTRAR'S SIGNATURE Josephine King	397	25. FUNERAL DIRECTOR'S SIGNATURE E. M. Edwards	ADDRESS Bevier, Mo
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2007-1-15  
2007-1-15

RECEIVED 7.23.57  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7-51-115  
Date Filed 7.24.57

**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 *W. Edwards*

Licensed Embalmer No. 1961

P. O. Address Brewer 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.