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FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41177

BIRTH NO. REG.-DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Hunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Hunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Caruth R</u>	c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Caruth R Clay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay Hosp</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUSINDA</u> b. (Middle) <u>DAVIS</u> c. (Last) <u>Craig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 8 51</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-13-1899</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Altitude, Ark.</u>		12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>John Paton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Wack M. Craig Kenneth, Mo.</u>		
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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) <u>no.</u>	16. SOCIAL SECURITY NO. <u>499-22-8252</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wack M. Craig Kenneth, Mo.</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs, 30 min</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)				
	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 <u>331X</u>			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)	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 10-8, 1951, to 10-8, 1951, that I last saw the deceased alive on 10-8, 1951, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Loyd Gaudel, Jr. M.D.</u>		23b. ADDRESS <u>220 Duane St, Mo.</u>	23c. DATE SIGNED <u>10-9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kennett</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, MO</u>	
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DATE REC'D BY LOCAL REG. <u>10-17-51</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinschorn</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith Funeral Home, Fayette</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 12-19-51  
COUNTY FILE NUMBER 1251-353

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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Philip S. Woods*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4893

P. O. Address Boyleville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.