

No. 300
10.48

FILED FEB 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1782

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>10th & One</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. CITY OR TOWN <u>1502</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Zelith</u>	b. (Middle) <u>Arabelle</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan 17-1952</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>Sept 21-1876</u>	9. AGE (In years last birthday) (Month) (Day) (Year) <u>75 4 6</u>	IF UNDER 1 YEAR IF UNDER 1 HR. IF UNDER 1 MIN.
----------------------	-------------------------------	---	--------------------------------------	--	--

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 _____	11. BIRTHPLACE (State or foreign country) <u>Riddle Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Leander S. Totten</u>	13b. MOTHER'S MAIDEN NAME <u>Margaretta Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Rasmus V. Craig</u>
---	---	--

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred LaPlante</u>	ADDRESS <u>Herculaneum Mo</u>
--	-------------------------------	--	-------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary edema</u> DUE TO (c) <u>Arterio sclerosis & hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		3 days	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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) (Min) _____	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 8/3/1945 to 1/17/1952, that I last saw the deceased alive on 1/16/1952, and that death occurred at 8:00 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Deem</u> (Degree or title)	23b. ADDRESS <u>Herculaneum, Mo</u>	23c. DATE SIGNED <u>1/19/52</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 19-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>
---	------------------------------	---	--

DATE RECD BY LOCAL REG. <u>1/19/52</u>	REGISTRAR'S SIGNATURE <u>Georgette Palitte</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Oringard</u>	ADDRESS <u>Festus Mo</u>
--	--	--	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

500
1

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.....

James J. Combsford

Licensed Embalmer No.

4744

P. O. Address.....

Crystal City, 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.