

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35425

State File No.

FILED NOV 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 24-1953

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>OTTAGE MARY NURSING HOME</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>OTTAGE MARY NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u> b. (Middle) <u>GENEVIEVE</u> c. (Last) <u>NEKORSSA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1953</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug 18, 1893</u>	9. AGE (In years last birthday) <u>60</u> <u>7</u> Months <u>10</u> Days <u>18</u> Hours <u>1</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work depending on many of working life, even if retired) <u>SEAMSTRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBERSHIP</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John W. Craig</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA FULTON</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>482-22-411</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Keith Davies</u> ADDRESS <u>Cuba 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Territorial Curvature</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANCESTRAL CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C.A. of Pelvic Intestine</u>		
	DUE TO (c) <u>lines</u>		
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 _____	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) (Min) _____	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 Jan 10, 1953, to Oct 28, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.P. Stillings 2nd DO</u>	23b. ADDRESS <u>Cuba Mo.</u>	23c. DATE SIGNED <u>11-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-29-1953</u>	REGISTRAR'S SIGNATURE <u>Paul A. Shaudin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shaudin</u> ADDRESS <u>Cuba Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Paul A. Hamilton

Licensed Embalmer No. 3472

P. O. Address Fulton, 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.