

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4246**
 BIRTH NO. FILED FEB 16 1954 REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4086** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tina,</b>		c. LENGTH OF STAY (in this place) <b>1 year</b>		c. CITY OR TOWN <b>#1234 Tina,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, Tina, Missouri</b>				e. STREET ADDRESS (If rural, give location) <b>West part of town. 0170</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAUDE</b>		b. (Middle) <b>EDNA</b>		c. (Last) <b>CRAIG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5th 1954</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 23, 1881</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Carrollton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Granville Jenkins,</b>			13b. MOTHER'S MAIDEN NAME <b>Ardelia Smart,</b>		14. NAME OF HUSBAND OR WIFE <b>Walter Craig,</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Walter Craig, Tina, Missouri</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertensive Cardiovascular disease and marked arteriosclerosis</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>a few minutes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				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 <b>1953</b> to <b>Jan 1954</b> , that I last saw the deceased alive on <b>Jan 1954</b> , and that death occurred at <b>10 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E W Allen</b>				23b. ADDRESS <b>m of Carrollton Mo</b>		23c. DATE SIGNED <b>2/6/1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 7th, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Feb 9, 1954</b>		REGISTRAR'S SIGNATURE <b>Max Rex Henderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin, Tina, Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No.....3237

P. O. Address...Tina, Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.