

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12914

State File No. ....

FILED MAY 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 51

850

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laquey, Missouri</u> <u>0850</u>	
c. LENGTH OF STAY (in this place) <u>8 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Oatie</u>	c. (Last) <u>Craft.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1955</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>Married</u>	8. DATE OF BIRTH <u>Oct. 11, 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Month(s) _____ Day(s) _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hawkinson, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William H. Vance</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bell</u>	14. NAME OF HUSBAND OR WIFE <u>William A. Craft.</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William A. Craft.</u>	ADDRESS <u>Laquey, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>  <u>several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>chronic abnormal lipid metabolism</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 <u>4/201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-30-1955 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 4-30-1955, and that death occurred at 7:05 P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Crown J. Maveal, D.O.</u>	23b. ADDRESS <u>Waynesville, Missouri</u>	23c. DATE SIGNED <u>5-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/4/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Colley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Waynesville, Mo Rural.</u>
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DATE REC'D BY LOCAL REG. <u>5-3-55</u>	REGISTRAR'S SIGNATURE <u>Paula Ann Anderson</u> <u>45%</u>	5. FUNERAL HOME OR OTHER ADDRESS <u>Hedges Funeral Home Waynesville, Mo</u>
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RECEIVED 5-3-55  
Pulaski County Health Officer  
File Number 5-2-55  
Date Filed 5-2-55

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 Clarence Gross

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.