

No. 300
10-48

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25921

State File No. _____

BIRTH NO. 49622-55 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Ionia Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marilyn</u>	b. (Middle) <u>Kay</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27 1955</u>
--	------------------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 27th 1955</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>25</u>
----------------------	-------------------------------	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Windsor Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
--	---	--	---

13a. FATHER'S NAME <u>Thomas Craig</u>	13b. MOTHER'S MAIDEN NAME <u>Marietta Balke</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Craig</u>	ADDRESS <u>Ionia 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, asphemia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Meconium aspiration (in utero.)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15-20 min.</u>
	ANTECEDENT CAUSES Morbid 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. <u>7620</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 12:30 pm Aug 27, 1955 to 1:00 am Aug 27, 1955 that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 1:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Name and title) <u>Clairde M. Huber, M.D.</u>	23b. ADDRESS <u>Windsor, Mo.</u>	23c. DATE SIGNED <u>8/28/55</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 29th 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-28-55</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. E. Eckhoff</u>	ADDRESS <u>Cole Camp Mo</u>
---	---	---	-----------------------------

(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
Student Embalmer

Signed E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Wis

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.