

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15396**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain Grove</b>		c. CITY OR TOWN <b>Galesburg</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 years</b>		e. STREET ADDRESS (If rural, give location) <b>g 1208</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mtn. Grove General Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>B.</b> c. (Last) <b>Craig</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 5, 1956</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>SEPT. 27, 1866</b>	9. AGE (In years) <b>89</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 24 HRS. Days <b>8</b>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Ho 177 E</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Miner Bl, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Broadbent</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Prince</b>	14. NAME OF HUSBAND OR WIFE <b>George Craig</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Dr W.A. Craig, Mtn. Grove, Mo</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>mesenteric Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic nephritis</b>		
	DUE TO (c)		
11. 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 <b>5702</b>	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 **7-2, 1955** to **4-5, 1956** that I last saw the deceased alive on **4-5, 1956** and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.A. Craig D.O.</b>	23b. ADDRESS <b>Mountain Grove Mo</b>	23c. DATE SIGNED <b>4-6-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/9/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LINWOOD.</b>	24d. LOCATION (City, town, or county) (State) <b>Galesburg, ILLINOIS</b>
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DATE REC'D BY LOCAL REG. <b>4-6-56</b>	REGISTRAR'S SIGNATURE <b>A.B. Ames</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.W. Barber</b>	ADDRESS <b>Mtn. Grove</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

41

48-0

1110

WRIGHT CO. HEALTH DEPT.  
County File Number **456-44**  
Date Filed **APR 17 1938**

**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 *George Stapp*.....

Licensed Embalmer No. *3161*

P. O. Address *Mt. Vernon*

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.