THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32965

STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN New Hartford, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) As Above — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARGARET Middle MAE Last CRAIG

4. DATE OF DEATH Month Sept. Day 28 Year 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Oct. 20, 1885 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Corso, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME D.E. Parrish
14. MOTHER'S MAIDEN NAME Dora Kimler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-42-0587B
17. INFORMANT Elmer Craig, New Hartford, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident. — INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ------
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year ------
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE ------

21. I attended the deceased from 9/22/57, to 9/28/57 and last saw her/him alive on 9/28/57
Death occurred at 7:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. K. Lewellen (Degree or title) MD
22b. ADDRESS Louisiana, Mo
22c. DATE SIGNED 9/28/1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept 28, 1957
23c. NAME OF CEMETERY OR CREMATORY New Hartford Cemetery
23d. LOCATION (City, town, or county) (State) New Hartford, Mo.

24. FUNERAL DIRECTOR John N. Butler ADDRESS Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG. Sept 28, 1957
26. REGISTRAR'S SIGNATURE Bernice Callier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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OCT 25 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John W. Butler.....

Licensed Embalmer No. 44

P. O. Address Bowling G

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.