S. No. 300
v. 10.48

FILED JAN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40976

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 33

0220 D

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark
c. LENGTH OF STAY (in this place): 24hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hamewood Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark 0220
d. STREET ADDRESS (If rural, give location): Ozark, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): A
c. (Last): Craig

4. DATE OF DEATH (Month) (Day) (Year): Oct 12 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 12. 1875
9. AGE (In years last birthday): 76 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: J M Akard
13b. MOTHER'S MAIDEN NAME: Amanda Carter
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Katherine Rainey — **ADDRESS**: Ozark. Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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.*
① myocardial insufficiency — 1 yr
② diverticulum, emphysema — yrs. ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 491X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9 Oct, 1951, *to* 12 Oct, 1951, *that I last saw the deceased alive on* 12 Oct, 1951, *and that death occurred at* 5:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: L D Rogers (Degree or title): M.D.
23b. ADDRESS: Ozark, Mo
23c. DATE SIGNED: 13 Oct '51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 14. 1951
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Stockton City
24d. LOCATION (City, town, or county) (State): Stockton Mo

DATE REC'D BY LOCAL REG.: Dec 1-1951
REGISTRAR'S SIGNATURE: Loretta Leonard 54-1
25. FUNERAL DIRECTOR'S SIGNATURE: T. B. Chaffin — **ADDRESS**: Ozark Mo

(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 T. B. Chaffin

Licensed Embalmer No. 2182

P. O. Address Ozark, 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.