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FILED JUN 23 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20812

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138 Registrar's No. 5d

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 1020
STREET ADDRESS (If rural, give location): 5 mi West of Bethel, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): May
c. (Last): Craigmyle

4. DATE OF DEATH (Month) (Day) (Year): June 15 1955

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9-1886
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and State or Foreign Country): Shelby Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charley Wester
13b. MOTHER'S MAIDEN NAME: Mary Waibel
14. NAME OF HUSBAND OR WIFE: Lon Craigmyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): + (If yes, give war or dates of service): +
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Lon Craigmyle — ADDRESS: Shelbyville 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) Metastatic carcinomatosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) primary in Rt breast
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 170X

19a. DATE OF OPERATION: 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt breast
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* 5 June, 1955, *to* 15 June, 1955, *that I last saw the deceased alive on* 14 June, 1955, *and that death occurred at* 2:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.D. Wright D.O.
23b. ADDRESS: Leonard, Mo
23c. DATE SIGNED: 6-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 17-1955
24c. NAME OF CEMETERY OR CREMATORY: Bethel, Lion
24d. LOCATION (City, town, or county) (State): 1½ Mi West of Bethel, Mo.

DATE REC'D BY LOCAL REG.: 6-22-55
REGISTRAR'S SIGNATURE: Ada Garrison 419-0
25. FUNERAL DIRECTOR'S SIGNATURE: C.W. Musgrave — ADDRESS: Bethel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

US APR 2 1959

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 C. W. Musgro

Licensed Embalmer No. 27

P. O. Address Bethel,

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.