.300
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FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14274

State File No.

BIRTH NO. 26136-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (in this place): 4 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville, General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): J & H Trailor Court

3. NAME OF DECEASED (Type or Print): a. (First) Linda b. (Middle) Caroll c. (Last) Craig
4. DATE OF DEATH: April 18 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 18, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Waynesville Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Odis Wade Craig
13b. MOTHER'S MAIDEN NAME: Zada Willelen Arntz
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Odis Wade Craig ADDRESS: Waynesville Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY 4½ MO.
RESPIRATORY FAILURE
ANTECEDENT CAUSES — DUE TO (b) Abrupto placenta
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓ 7615
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* 4-18-56 12:01 pm 1956 *to* 4-18, 1956, *that I last saw the deceased alive on* 4-18, 1956, *and that death occurred at* 4 00 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A. Mihalevich (Degree or title) DO
23b. ADDRESS: Crocker Missouri
23c. DATE SIGNED: 4-19-56
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-19-56
24c. NAME OF CEMETERY OR CREMATORY: Little Creek Cemetery
24d. LOCATION (City, town, or county) (State): Hartville, Mis souri
DATE REC'D BY LOCAL REG.: 4-19-56
REGISTRAR'S SIGNATURE: Leola Opal Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: Bill Hedges
ADDRESS: Hedges Funeral Homes Inc Crocker Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-19-52
Niaski County Health Officer
File Number
Date Filed 4-28-52

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No...48

P. O. Address Waymeo

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