

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42091

FILED JAN 11 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY Chariton			
b. CITY OR TOWN Marceline		c. LENGTH OF STAY (in this place) 6 Mo.		c. CITY OR TOWN Keytesville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Bunton Rest Home				e. STREET ADDRESS (If rural, give location) RFD 3				0210			
3. NAME OF DECEASED (Type or Print) Alonzo			a. (First)		b. (Middle)		c. (Last) Craig		4. DATE OF DEATH (Month) (Day) (Year) 12/12/1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2/15/1887		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 27	IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Chariton, Co			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ehbel Craig Keytesville					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James R. Craig Keytesville, 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.											INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis with Hemiplegia</u> Cerebral Thrombosis with Hemiplegia											
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.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  332X									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>June 2 56</u> to <u>Dec. 12 1956</u> , that I last saw the deceased alive on <u>Dec. 12 1956</u> , and that death occurred at <u>2:15 a. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE Robert W. Smith, M.D.				23b. ADDRESS 121 N. Kansas Ave., Marceline, Mo.				23c. DATE SIGNED 12-12-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 12/13/56		24c. NAME OF CEMETERY OR CREMATORY Rothville,			24d. LOCATION (City, town, or county) (State) Rothville, Mo				
DATE REC'D BY LOCAL REG. 12-13-5		REGISTRAR'S SIGNATURE Brooke Owens				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James McLaughlin Marceline, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1957

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 J. Wynn*

Licensed Embalmer No.....  
*1425*

P. O. Address.....  
*Madison*

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.