V.S. No. 300
Rev. 10.48

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40069

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4208 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cainsville
c. LENGTH OF STAY (In this place): All life
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: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cainsville
d. STREET ADDRESS (If rural, give location): 04 3

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

4. DATE OF DEATH (Month) (Day) (Year): December 8, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15, 1867
9. AGE (In years last birthday): 90
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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): Cainsville, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. Al

13a. FATHER'S NAME: Joshua Smothers
13b. MOTHER'S MAIDEN NAME: Tempie Simpson
14. NAME OF HUSBAND OR WIFE: William Sherman Craig

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: William Sherman Craig
ADDRESS: Cainsville, 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — DUE TO (b) Cachexia from Multiple — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c) Metastatic Carcinoma

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death:* Chronic Multiple Arthritis, Severe Pleurisy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1999
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Neither
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* April 19, 1956 *to* December 8, 1957, *that I last saw the deceased alive on* Dec. 8, 1957, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William E. Wurst (Degree or title) M. D.
23b. ADDRESS: Cainsville, Mo.
23c. DATE SIGNED: 12/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 13, 1957
24c. NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery
24d. LOCATION (City, town, or county) (State): Cainsville, Mo.

DATE REC'D BY LOCAL REG.: 12-12-57
REGISTRAR'S SIGNATURE: Bella Maxey
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Cainsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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~~ Eddie J. Stoklasa, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mol

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.