

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5750

No. 300
10.48

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Hartford	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) Glyde c. (Last) Craig			4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 23-1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY New Hartford		11. BIRTHPLACE (State or foreign country) Mo & A	

13a. FATHER'S NAME Joseph Craig	13b. MOTHER'S MAIDEN NAME Julia Reed	14. NAME OF HUSBAND OR WIFE Ruth Craig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. S. C. Craig ADDRESS New Hartford 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
ANTECEDENT CAUSES Morbidity 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 4/201	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)	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 1944, to 2-16, 1949, that I last saw the deceased alive on Feb 16, 1949, and that death occurred at 1:34 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D.		23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 2-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-18-1949	24c. NAME OF CEMETERY OR CREMATORY New Hartford	24d. LOCATION (City, town, or county) (State) New Hartford Mo
DATE REC'D BY LOCAL REG. Feb 23, 1949	REGISTRAR'S SIGNATURE Bernice Collier	FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead	ADDRESS Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1949

RECEIVED

District Health Officer No. _____

District File Number 3-49

Date Filed MAR 22 1949

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 Harold C. Kiper

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.