

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19160

FILED JUN 27 1949

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 552

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield)	c. LENGTH OF STAY (in this place) 14 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2243 N. Johnston Avenue		d. STREET ADDRESS (If rural, give location) 2243 N. Johnston Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) MIRANDA	b. (Middle) MARTIN	c. (Last) CRAIG	4. DATE OF DEATH (Month) (Day) (Year) June 21, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR-INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) (unknown) Virginia /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Waldon	13b. MOTHER'S MAIDEN NAME Marthe Casdorff	14. NAME OF HUSBAND OR WIFE Douglas Craig
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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 Ethel Fields, Springfield, Mo.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 Months 153X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cecum		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7 May, 1949**, to **21 June, 1949** that I last saw the deceased alive on **21 June, 1949**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Bechtold M.D. U	23b. ADDRESS 1630 Jefferson Springfield, Mo.	23c. DATE SIGNED 21 June 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 23, 1949	24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	24d. LOCATION (City, town, or county) (State) Greene County, Missouri
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DATE REC'D BY LOCAL REG. 6-23-49	REGISTRAR'S SIGNATURE W. H. Bechtold	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Bechtold, Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

Ralph H. Thorne

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

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.