

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20386

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BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Wyoming b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville			c. LENGTH OF STAY (in this place) 4 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cheyenne			944 48
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) LEE		c. (Last) CRAIG	
4. DATE OF DEATH		(Month) 6		(Day) 19		(Year) 49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 7/16/83	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FHA Architect			10b. KIND OF BUSINESS OR INDUSTRY State of Wyo.		11. BIRTHPLACE (State or foreign country) Bolckow, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James D. Craig			13b. MOTHER'S MAIDEN NAME Priscilla Ann Wilson		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. George Craig, Guilford, 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) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) acute cor pulmonale 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 36 hrs. 4 days.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 <u>June 19</u> , 19 <u>49</u> , to <u>June 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 19</u> , 19 <u>49</u> , and that death occurred at <u>5:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul J. Kaduce M. D.			23b. ADDRESS Conception Jct., Mo.			23c. DATE SIGNED 6/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/21/49	24c. NAME OF CEMETERY OR CREMATORY Graves		24d. LOCATION (City, town, or county) (State) Guilford, Mo.		
DATE REC'D BY LOCAL REG. 6-25-49		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE Prin. Funeral Home		ADDRESS Maryville, Mo.	

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



JUL 5 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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L. Souter
Student Embalmer

Signed Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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.