

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33545

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 911

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>704 Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lora</u>	b. (Middle) <u>McConnell</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 17 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 20, 1917</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Greenfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>T. K. McConnell</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Scoggs</u>	14. NAME OF HUSBAND OR WIFE <u>Raymond A Craig</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond A Craig, Springfield, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>+ 16 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphoma tumor, malignant left abdominal cavity</u>		
	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.			<u>1949</u>

19a. DATE OF OPERATION <u>Oct. 14, 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large hard mass in left abdominal involving colon & kidney.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. _____	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 1 July, 1949, to 17 Oct., 1949, that I last saw the deceased alive on 16 Oct., 1949, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Wendell Stewart</u> (Degree or title) <u>J. M. D.</u>	23b. ADDRESS <u>203 Professional Bldg Springfield 4, Mo</u>	23c. DATE SIGNED <u>Oct. 19, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-21-49</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmegele, J. H. Springfield, Mo</u>	ADDRESS <u>13. F.W.</u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Vt.

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.