No. 300
10.48

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35861

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 49

0970
3

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Miami township
c. LENGTH OF STAY (in this place): -----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles N. Marshall, 41 Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall - Rural - 0972
d. STREET ADDRESS (If rural, give location): 352 South Salt Pond

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

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20th, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 18th, 1868
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Livery barn
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Craig
13b. MOTHER'S MAIDEN NAME: Maggie Spencer
14. NAME OF HUSBAND OR WIFE: ----------

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 / ADDRESS: Mrs Cecil Lamm, Marshall, 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) Struck by truck on Hi way 41 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Walking on wrong side of Hi way

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Senile condition. E8124 / 20

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Mentally deficient

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 097
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi way 41
21c. (~~CITY, TOWN, OR~~ TOWNSHIP) (COUNTY) (STATE): Miami Saline Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 20, 1950 11 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Walking on wrong side of Hi way

22. *I hereby certify that I ~~attended the deceased from~~* made investigation Oct 21, 19__, to 1950, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless Coroner Saline Co. M.D.
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 10-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 23, 1950
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery
24d. LOCATION (City, town, or county) (State): Marshall, Missouri

DATE REC'D BY LOCAL REG.: 10/23/50
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz 2921
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Campbell-Lewis - Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-30-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-30-50

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~~ _____,

working under my personal supervision.

Student Embalmer No. _____

Signed A. W. Campbell Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall M

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.