

NO. 300  
NO. 48

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36811**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4208 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville</u>	c. LENGTH OF STAY (in this place) <u>13</u> years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville</u> <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orange</u>	b. (Middle) <u>Judkins</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 23 1950</u>
---	----------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 13 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Twp. Mercer Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	--	--

13a. FATHER'S NAME <u>John Edward Craig</u>	13b. MOTHER'S MAIDEN NAME <u>India Mariah Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Booth Craig</u>
---	--	---

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 ADDRESS <u>Bertha Booth Craig Cainsville, Mo.</u>
--	-------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema</u>		<u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Asthma</u>		<u>10 yrs</u>
DUE TO (c) <u>Peptic Ulcer</u>		<u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>		<u>1 yr.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>241X</u>
--	--	---

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 July 1945, to Nov 23, 1950, that I last saw the deceased alive on Nov 23, 1950, and that death occurred at 7:30 AM m., from the causes and on the date stated above.

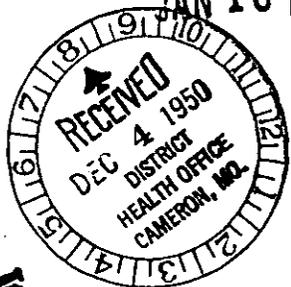
23a. SIGNATURE <u>D. Marion Lambert</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Princeton, Missouri.</u>	23c. DATE SIGNED <u>Nov. 24, 1950</u>
--	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 25th 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo.</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec. 3-1950</u>	REGISTRAR'S SIGNATURE <u>S. Pha Shaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cainsville, Mo.</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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



JAN 10 1951

DEC 22 1950

APR 11 1951

**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, of by.....

Winifred S. Taff.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4716

Signed.....  
Student Embalmer

P. O. Address Cainsville, 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.