

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41214

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 574

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin. 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 621 MOFFETT	

3. NAME OF DECEASED (Type or Print) a. (First) SADIE b. (Middle) ELIZABETH c. (Last) CRAIG	4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 50
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5. SEX FEMALE W	6. COLOR OR RACE NEVER MARRIED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-21-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE DUTY	10b. KIND OF BUSINESS OR INDUSTRY SAME.	11. BIRTHPLACE (State or foreign country) MEMPHIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.P.				

13a. FATHER'S NAME J. P. Craig	13b. MOTHER'S MAIDEN NAME Martha Ann Miller	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Miss Hattie Craig ADDRESS 621 MOFFETT
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis.		
	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 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) Joplin Jasper Mo.
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

22. I hereby certify that I attended the deceased from **12-5**, 19**48**, to **12-22**, 19**50**, that I last saw the deceased alive on **12-22-50**, and that death occurred at **11:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE Clyde B. Spangler D.O. (Degree or title)	23b. ADDRESS Joplin Missouri	23c. DATE SIGNED 12/23/50
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24a. BURIAL, CREMATION, DISPOSAL (Specify) BURIAL	24b. DATE 12/24/50	24c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery Memphis Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 12-28-50	REGISTRAR'S SIGNATURE Ed S. James	25. FUNERAL DIRECTOR'S SIGNATURE HAROLD GLOVER ADDRESS 432 59X
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(Licensed Embalmer's Statement on Reverse Side)

MORTUARY

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

495

RECEIVED 12-26-50

Jasper County Health Office

County File Number 50/12/905

Date Filed 12-26-50

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Perry K. Hulbert
.....

Licensed Embalmer No. 959

P. O. Address Jasper 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.