

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13356**

FILED JAN 15 1951

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 429

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PINEY</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSTON</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TEXAS CO. HOME</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>ROBERT</u>		c. (Last) <u>CRAIG</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 31-50</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 12 1873</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CRAWFORD CO. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>SAMUEL J. CRAIG</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE CANNON</u>	
14. NAME OF HUSBAND OR WIFE <u>ALICE 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 <u>ALICE CRAIG</u>		ADDRESS <u>HOUSTON, MO</u>		18. CAUSE OF DEATH	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor (metastatic)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma rt. parotid gland</u> DUE TO (c) <u>arteriosclerotic hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>
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) m.		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>10-6</u> , 19 <u>49</u> , to <u>12-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>50</u> , and that death occurred at <u>4A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Scott L. Kramer MD.</u>			23b. ADDRESS <u>Houston, Mo</u>		23c. DATE SIGNED <u>1-1-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CRAIG</u>		24d. LOCATION (City, town, or county) (State) <u>DENT CO. MO</u>
DATE REC'D BY LOCAL REG. <u>Jan. 5-51</u>		REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hayward V. Elliott HOUSTON</u>	

1070
5

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED: JAN 12 1951

Dist. File 157-106

Date Filed 1-13-51

APR 7 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.