S. No. 300
v. 10.48

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FILED FEB 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5383

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton 0630
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): 2-9-51

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-27-1864
9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harrison Co., Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Craig
13b. MOTHER'S MAIDEN NAME: Elizabeth Moore
14. NAME OF HUSBAND OR WIFE: Elsie A. Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Elsie Craig — ADDRESS: Princeton, 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) asthma
DUE TO (c) senility — 48 hr

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 30, 1951, *to* Feb 12, 1951, *that I last saw the deceased alive on* Feb 12, 1951, *and that death occurred at* ____ *m. from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Perry (Degree or title) MD
23b. ADDRESS: Princeton Mo
23c. DATE SIGNED: Feb 12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-51
24c. NAME OF CEMETERY OR CREMATORY: St. Paul
24d. LOCATION (City, town, or county) (State): Mercer Co., Mo

DATE REC'D BY LOCAL REG.: 2-14-51
REGISTRAR'S SIGNATURE: M. J. Ruth MD
25. FUNERAL DIRECTOR'S SIGNATURE: Noel Moss — ADDRESS: Princeton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 15
DISTRICT HEALTH OFFICE
CAMBRIDGE, MD.

MAR 2 5 1955

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Neil Marr

Signed.....
Student Embalmer

Licensed Embalmer No. 2634

P. O. Address Princeton Md

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.