

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20740

0621

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

BIRTH NO. 124 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 3042 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u> <u>0621</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>407 South Mine La Motte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>407 South Mine La Motte</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIUS</u> b. (Middle) <u>MADISON</u> c. (Last) <u>CRAIG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 24, 1868</u>
9. AGE (in years last birthday) <u>82</u>		10. MONTH <u>82</u>	11. HOURS <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>JAMES CRAIG</u>		13b. MOTHER'S MAIDEN NAME <u>JANE WARD</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY JANE 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>LOWELL CRAIG, Fredericktown, Mo.</u>		ADDRESS <u>Fredericktown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic valvular heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years.</u>		334X	
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) (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 <u>6/3</u> , 19 <u>51</u> , to <u>June 17, 1951</u> , that I last saw the deceased alive on <u>June 17, 1951</u> , and that death occurred at <u>6:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marvin Grooman MD</u>		23b. ADDRESS <u>Fredericktown Mo</u>	23c. DATE SIGNED <u>6/21/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wayne County Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-27-51</u>	REGISTRAR'S SIGNATURE <u>Therence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Najin, Jr.</u>	ADDRESS <u>Fredericktown, Mo.</u>

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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FILE NO. 251-26

LA

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 _____
Student Embalmer

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.