

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25879

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6136 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>SHANNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>MO</u> b. COUNTY <u>SHANNON</u>	
b. CITY OR TOWN <u>RURAL SPRING VALLEY MO</u>		c. CITY OR TOWN <u>RURAL 1010</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>3 MI. E. SUMMERSVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SILAS</u> b. (Middle) <u>HENRY</u> c. (Last) <u>CRAIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-6-1887</u>		9. AGE (In years last birthday) <u>63</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 _____		11. BIRTHPLACE (State or foreign country) <u>RECTOR MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>WILLIAM CRAIG</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HODGES</u>	14. NAME OF HUSBAND OR WIFE <u>ETHEL CRAIG</u>
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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>488-24-1362</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ETHEL CRAIG</u> ADDRESS <u>SUMMERSVILLE MO.</u>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA 7 URINARY BLADDER WITH METASTASIS TO BONE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) <u>BLADDER WITH</u> DUE TO (c) <u>METASTASIS TO BONE</u>		INTERVAL BETWEEN ONSET AND DEATH
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 <u>181X</u>	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1950 to JUNE 19, 1951, that I last saw the deceased alive on JUNE 19, 1951, and that death occurred at 6:21pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Lawrence Hampton, Do</u> (Degree or title)	23b. ADDRESS <u>Summersville</u>	23c. DATE SIGNED <u>June 21</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUMMERSVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>SUMMERSVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>7-15-51</u>	REGISTRAR'S SIGNATURE <u>Mabel Pae</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayford D. Elliott</u> ADDRESS <u>HOUSTON MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1010

RECEIVED

JUL 24 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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

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.