

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16067

BIRTH NO. 1559 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 460-B

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Fair Play, RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) RR 0840	
3. NAME OF DECEASED (Type or Print) a. (First) Christina b. (Middle) --- c. (Last) Craig			4. DATE OF DEATH (Month) (Day) (Year) 5 8 52
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED (Never Married, Widowed, Divorced) (Specify) NEVER MARRIED	8. DATE OF BIRTH 2-1-52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 3 8
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Raymond Craig		13b. MOTHER'S MAIDEN NAME Rosalie Robertson	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Craig, Fair Play, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastroenteritis INTERVAL BETWEEN ONSET AND DEATH 6 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anhydremia, Thirst, Starvation - acidosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5710	
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 5-6, 1952 to 5-8, 1952 , that I last saw the deceased alive on 5-8, 1952 , and that death occurred at 9:40 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Urban Buisch MD		23b. ADDRESS Springfield, Mo	
23c. DATE SIGNED 5-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-8-52	
24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Humansville, Missouri	
DATE REC'D BY LOCAL REG. 5-10-52		REGISTRAR'S SIGNATURE James R. Amos, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Beckwith, Bance Home		ADDRESS Humansville, Mo.	

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Dr. U. J. Pawelek Pull Body

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 O. H. Beckwith

Signed.....
Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Hannanville, 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.