

S. No. 300
V. 10.48

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19112
State File No.

1060

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

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>TANEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u> <u>1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>W</u> c. (Last) <u>Craig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21-1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 11-1862</u>
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>1</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>TEXAS</u>
12. CITIZEN OF WHAT COUNTRY?		13. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>James Lewis Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Rowland Morris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</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, asthma, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J.E. Trout</u> ADDRESS <u>BRANSON MO</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal-Vascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		1. yr.	
DUE TO (c)			
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>4427</u>	
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>1/1</u> , 19 <u>51</u> , to <u>5/21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/20</u> , 19 <u>52</u> , and that death occurred at <u>12:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry T. Essora M.D.</u> (Degree or title)		23b. ADDRESS <u>Branson Mo</u>	
23c. DATE SIGNED <u>5/22/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/23/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 22-1952</u>		REGISTRAR'S SIGNATURE <u>J.C. Cogswell 376</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Mark</u>		ADDRESS <u>Branson Mo</u>	

2001 OCT 19 10:07

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Sumner 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.