

JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21234

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Miss.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Charleston</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Charleston</b>		1672	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>617 Johnson</b>		d. STREET ADDRESS (If rural, give location) <b>617 Johnson</b>		0	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b>			b. (Middle) <b>Haney Craig</b>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26, 1952</b>		
---	--	--	--------------------------------	--	--	-----------	--	--	---	--	--

5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 31, 1892</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days Hours Min.	
-------------------------	--	----------------------------------	--	--	--	--	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) <b>Point Pleasant, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
---	--	--	--	--	--	---	--	--	--	--	--

13a. FATHER'S NAME <b>Charles Haney</b>			13b. MOTHER'S MAIDEN NAME <b>Unk.</b>			14. NAME OF HUSBAND OR WIFE <b>Sam Craig</b>		
--	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Rosalee Harris, Gen. Del. Charleston, Mo</b>			
---	--	----------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>							
		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.							

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 June 23, 1952, to June 26, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 1:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>William Davis MD</i>		(Degree or title)		23b. ADDRESS <i>Charleston Mo</i>		23c. DATE SIGNED <i>6-26-52</i>	
---	--	-------------------	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 26, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>	
--	--	-----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <i>6/30/52</i>		REGISTRAR'S SIGNATURE <i>Thos. Owen Bridges</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>F. J. Sparks</i>		ADDRESS <b>Charleston, Mo.</b>	
--	--	--	--	---	--	-----------------------------------	--

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

692  
1

JUL 3 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUL 3 1952

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

*Frank Sparks*

Signed.....

Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Cape Breton

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.