

FILED JAN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41712**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advocate</u>		1030
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattison</u> b. (Middle) <u>Rosewell</u> c. (Last) <u>Craig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 26, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William S. Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Margaret Fullbright</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lura Craig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. L.P. Craig - Advocate</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas.</u> ANTECEDENT CAUSES <u>(with metastases to the liver)</u> Morbidity 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 <u>(1) S.K. test infection</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>12-27-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of pancreas with metastases</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) m.	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>Nov. 21, 1952</u> , to <u>Dec. 29, 1952</u> , that I last saw the deceased alive on <u>Dec. 29, 1952</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Allen M. Estes M.D.</u>		23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>12-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec. 31, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-30-52</u>	REGISTRAR'S SIGNATURE <u>C. C. Summer</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Morgan</u>	ADDRESS <u>Advocate</u>	

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

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 William H. Smergen

Licensed Embalmer No. 4640

P. O. Address Alvina, Ill

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.