

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9561

State File No.

FILED APR 14 1953

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|---|----------------------------------|--|---|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>133</u> | | PRIMARY REG. DIST. NO. <u>3022</u> | | Registrar's No. <u>44</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>HARRISON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BETHANY</u> | | c. LENGTH OF STAY (in this place) <u>3 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BETHANY</u> | | <u>0411</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>South STREET</u> | | | | d. STREET ADDRESS (If rural, give location) <u>South STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>M. CRAIG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 31 53</u> | | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>JAN 14 1858</u> | | 9. AGE (In years last birthday) <u>95</u> | IF UNDER 1 YEAR Months <u>2</u> | IF UNDER 1 MIN. Days <u>17</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>SANGAMON CO. ILL.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>W^o Bennett M^cCray</u> | | 13b. MOTHER'S MAIDEN NAME <u>SISANK STALEY</u> | | 14. NAME OF HUSBAND OR WIFE <u>AMANDA E M^cCray</u> | | | |
| 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>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adella B. Costin</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> 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. <u>Senile deterioration</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>3 weeks</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4500</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>2-20</u> <u>1950</u> to <u>3/31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/27</u> , 19 <u>53</u> , and that death occurred at <u>2:05 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Typed or Printed) <u>Leonard R. Leonard</u> | | | | 23b. ADDRESS (Typed or Printed) <u>Bethany Mo</u> | | 23c. DATE SIGNED <u>4-3-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-3-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>A. F. H. M. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Glenn City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4/10/53</u> | | REGISTRAR'S SIGNATURE <u>Zola Purcell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>116 O. Byrd</u> | | ADDRESS <u>Glenn City</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0411
1

Handwritten initials

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 *Ray E. Williamson*

Licensed Embalmer No. *4883*

P. O. Address *Filmont City*

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.