

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14981**

FILED MAY 9 1953
BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 179

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY 0690	
c. LENGTH OF STAY (in this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 226. 2nd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEYERING HOSPITAL			

3. NAME OF DECEASED a. (First) HARRY b. (Middle) PENDLETON c. (Last) CRAIG			4. DATE OF DEATH (Month) (Day) (Year) MAY 5TH 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOVEMBER 18-1878	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR (Days) 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER (REG)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WARREN COUNTY KENTUCKY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME GEORGE A CRAIG		
13b. MOTHER'S MAIDEN NAME ELLEN BRADLEY			14. NAME OF HUSBAND OR WIFE VIVIAN CRAIG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-267704		17. INFORMANT'S SIGNATURE OR NAME J.B. Craig ADDRESS Monroe City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 7 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia			7 days		
		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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4-29-53, 1953, to 5-5-53, 1953, that I last saw the deceased alive on 5-5-53, 1953, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 5-5-53	
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE APRIL 7-1953		24c. NAME OF CEMETERY OR CREMATORY EBENEZER Cemetery		24d. LOCATION (City, town, or county) (State) Marion County, Missouri	
DATE REC'D BY LOCAL REG. 5/5/53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS, Monroe City, Mo. ADDRESS			

RECEIVED MAY 7 1953

MARION CO. HEALTH DEPT.

DATE FILED MAY 7 1953

SEP 26 1953

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 me

working under my personal supervision.

Student Embalmer No.

Signed Leslie L. Wilson

Signed.....
Student Embalmer

KS MAY 6 1960

Licensed Embalmer No. 3014

P. O. Address Marion City, 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.