

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15212

FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 153

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| 1. PLACE OF DEATH a. COUNTY Pettia | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettia | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte | |
| c. LENGTH OF STAY (In this place) 30yrs | | d. STREET ADDRESS (If rural, give location) 0800 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|--------------------------|----------------------------|------------------------|---------------------------------------|-------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Phynes | b. (Middle) Steward | c. (Last) Craig | 4. DATE OF DEATH (Month) (Day) (Year) | 5 3 1953 |
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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 22 1882 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retailer | 10b. KIND OF BUSINESS OR INDUSTRY Grocery Store | 11. BIRTHPLACE (State or foreign country) Salisbury Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Z.S. Craig | 13b. MOTHER'S MAIDEN NAME Mary Pryor | 14. NAME OF HUSBAND OR WIFE Reula Craig |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. P.S. Craig | ADDRESS LaMonte Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Multiple Hemorrhages Brain | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **May 1, 1953** to **May 3, 1953** that I last saw the deceased alive on **May 2, 1953**, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE H. E. Volmer (Degree or title) | 23b. ADDRESS LaMonte Mo. | 23c. DATE SIGNED 5-4-53 |
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| 24a. BURIAL PLACE (Specify) | 24b. DATE 5-7-53 | 24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery | 24d. LOCATION (City, town, or county) (State) LaMonte Mo. |
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| DATE REC'D BY LOCAL REG. 5/7-1953 | REGISTRAR'S SIGNATURE H. E. Volmer | 25. FUNERAL DIRECTOR'S SIGNATURE Paul M Moore | ADDRESS LaMonte Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

800
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FEB 23 1955

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.