FILED MAY 26 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18673

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hudson
c. LENGTH OF STAY (in this place): 2 mo. 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hill Hildreth Osteopathic Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green 0820
d. STREET ADDRESS (If rural, give location): Rural Route II

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): O.
c. (Last): Craig

4. DATE OF DEATH (Month) (Day) (Year): May 11 - 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: April 19 - 1873

9. AGE (In years last birthday): 80
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stock Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pike Co Mo.

12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: James Craig

13b. MOTHER'S MAIDEN NAME: Susanna Hedges

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Millie Tombs
ADDRESS: Bowling Green

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) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 9 years
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Brain Syndrome

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 260X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 10, 1953, *to* May 11, 1953 *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.P. Hoyle (Degree or title): M.D.

23b. ADDRESS: Macon Mo

23c. DATE SIGNED: May 11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/14/53

24c. NAME OF CEMETERY OR CREMATORY: Antioch

24d. LOCATION (City, town, or county) (State): Bowling Green Mo

DATE REC'D BY LOCAL REG.: May 11-53

REGISTRAR'S SIGNATURE: Ruth McNeely 185

25. FUNERAL DIRECTOR'S SIGNATURE: Butler-Pritchett

ADDRESS: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5.19.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 5.53.104
Date Filed 5.23.53

JUL 7 1964

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 John W Butler

Signed.....
Student Embalmer

Licensed Embalmer No. 4447

P. O. Address Bracking Gre

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.