

FILED MAY 27 1953

STANDARD CERTIFICATE OF DEATH 5984 State File No. 18966

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5-985 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Pulaski

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland-Liberty Twp

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland 0850

d. FULL NAME OF HOSPITAL OR INSTITUTION Home 2 mi East of Richland

d. STREET ADDRESS (If rural, give location) 2 mi East of Richland Highway 55

3. NAME OF DECEASED (Type or Print)
a. (First) STARK b. (Middle) William c. (Last) Craddock

4. DATE OF DEATH (Month) (Day) (Year) MAY 20, 1953

5. SEX MALE 6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH MARCH 25, 1888-65

9. AGE (In years last birthday) 65 10. UNDER 1 YEAR 11. UNDER 6 MONTHS 12. UNDER 3 MONTHS 13. UNDER 15 DAYS

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

10b. KIND OF BUSINESS OR INDUSTRY GEN

11. BIRTHPLACE (State or foreign country) HAZEL GREEN, Mo. 0

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME ASA L. CRADDOCK

13b. MOTHER'S MAIDEN NAME SUSAN HARPER

14. NAME OF HUSBAND OR WIFE MARTHA CRADDOCK

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

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Martha Craddock, Richland

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH 10 days

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Long bed confinement

DUE TO (c) Tuberculosis meningitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis - kidney & heart disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) 010X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 10-51, to 10-20, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]

23b. ADDRESS Richland, Mo.

23c. DATE SIGNED May 23-53

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE 5/24/53

24c. NAME OF CEMETERY OR CREMATORY Center Point

24d. LOCATION (City, town, or county) (State) Waynesville, Mo.

DATE REC'D BY LOCAL REG. 5-23-53

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]

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

0850

Date Filed 5-23-53

File Number

Pulaski County Health Officer

RECEIVED
5-23-53

8788 8

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

Cowell C. Craig

Signed.....
Student Embalmer

Licensed Embalmer No. 4766

P. O. Address Richland

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.