

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23886

State File No.

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 198

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Shoaf Convalescent Home</u> <u>211 St. Joseph St.</u>		e. STREET ADDRESS (If rural, give location) <u>1704 Hinkson Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u>		b. (Middle) <u>THOMAS</u>	
c. (Last) <u>CRAIG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 25 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-15-1878</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hartsburg, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>O. B. Hart</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Coleman Craig</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George Hessenbruch</u>		ADDRESS <u>1704 Hinkson Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma Left Ovary</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Left Ovary</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Both Breasts removed</u> DUE TO (c) <u>in April 1953 for Ca-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>175x</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) (Min)		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>pulse - 1 - 1953</u> , to <u>July - 25 - 1953</u> , that I last saw the deceased alive on <u>July - 24, 1953</u> , and that death occurred at <u>7:00 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>F. C. Siggett M.D.</u>		23b. ADDRESS <u>Columbia, Mo</u>	
23c. DATE SIGNED <u>7/26/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service Columbia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 27 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service Columbia, Mo</u>		ADDRESS	

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.....
Signature of Student Embalmer

Signed *M. W. Whitaker*.....

Licensed Embalmer No. *389*

P. O. Address *Columbia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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