

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16832**

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>177</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>		e 800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pothwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruleah</b> b. (Middle) <b>Roxie</b> c. (Last) <b>Craig</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 5 1954</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 13 1889</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switch Board Operator-Telephone</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>LaMonte Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>J. D. Pace</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Jane Calvert</b>		14. NAME OF HUSBAND OR WIFE <b>Phynea Craig</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>487 34 2949</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Calvert Craig Irving Texas</b>			
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) <b>Cerebral Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>					<b>5 yrs</b>	
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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <b>LaMonte</b> COUNTY <b>Pettis</b> (STATE) <b>Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>May 2, 1954</b> to <b>May 5, 1954</b> that I last saw the deceased alive on <b>May 5, 1954</b> and that death occurred at <b>7:30 a.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>H. W. Crook</b> (Degree or title) _____			23b. ADDRESS <b>W. S. Knick Doctor, M. Moys...</b>			23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-7-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LaMonte Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>LaMonte Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-7-54</b>		REGISTRAR'S SIGNATURE <b>A. J. Campbell, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Moore</b>		ADDRESS <b>LaMonte Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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, Md

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

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