

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10772

State File No. ....

FILED MAR 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN <u>Nevada, Mo.</u>	c. LENGTH OF STAY (In this place) <u>3 mo.</u>	c. CITY OR TOWN <u>Hartsville, Mo.</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 <u>1229 East Oakland St</u>		e. STREET ADDRESS (If rural, give location) <u>1140</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ebra</u>	b. (Middle) <u>Pearl</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 18 1914</u>	9. AGE (In years last birthday) <u>41</u>	if UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	if UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thos. Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Pearson</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. Francis Craig</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. F. Craig, Hartsville, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>approx 4 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary - generalized metastatic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Jan 5-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous abdomen</u>	20. AUTOPSY? <u>175 X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., 15 ft 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) (Minute)	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 Jan 21, 1955 to Mar 23, 1955, that I last saw the deceased alive on Mar 15, 1955, and that death occurred at 8:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James H. Perry, MD</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>Mar 24 '55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-23-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Hartsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-26-1955</u>	REGISTRAR'S SIGNATURE <u>Arnal E Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays Funeral Service Nevada, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wages.

APR 19 1958

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 *H.H. Marmaduke*

Licensed Embalmer No. 207

P. O. Address *Musoda, Ill.*

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.