

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17620**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **48**

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|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Atchison | |
| b. CITY (If outside corporate limits, write RURAL and give township) Town Fairfax | | c. CITY OR TOWN Tarkio | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) 2 days | | f. STREET ADDRESS (If rural, give location) 203¹⁰ 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital | | | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) ALFRED | b. (Middle) CRAWFORD | c. (Last) CRAIGMILE | (Month) June | (Day) 30 | (Year) 1955 |

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|--------------------|-------------------------------|--|--------------------------------------|---|---|--|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH Dec 10, 1904 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months 6 Days 20 | IF UNDER 2 HRS. Hours 1 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | 10b. KIND OF BUSINESS OR INDUSTRY own farm | 11. BIRTHPLACE (City and State or Foreign Country) Tarkio, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S |
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| 13a. FATHER'S NAME Alfred C. Craigmile | 13b. MOTHER'S MAIDEN NAME Mary Jessie Irvine | 14. NAME OF HUSBAND OR WIFE single |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Viola Craigmile | ADDRESS Tarkio, Mo. |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia | | INTERVAL BETWEEN ONSET AND DEATH 1 Week | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation | | | 20 years |
| | DUE TO (c) Rheumatic Heart Disease | | | 30-35 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina Pectoris | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 **August 19 54**, to **June 19 55**, that I last saw the deceased alive on **June 30, 19 55**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Edward S. Bane M.D. | 23b. ADDRESS Tarkio, Mo. | 23c. DATE SIGNED 7/2/55 |
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| 24a. BURIAL, CREMATION-REMOVAL (Specify) burial | 24b. DATE 7/2/55 | 24c. NAME OF CEMETERY OR CREMATORY Hope Cemetery | 24d. LOCATION (City, town, or county) (State) Tarkio, Mo. |
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| DATE REC'D BY LOCAL REG. 7/9/1955 | REGISTRAR'S SIGNATURE Therese N. Schaefer | 5. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home | ADDRESS Tarkio, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Frost A. Brown*.....

Licensed Embalmer No...3338

P. O. Address Tarkio, Mo..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.