

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37197

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>460</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (If in this place) DOA		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		d. STREET ADDRESS (If rural, give location) 1714 OHIO AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL				4. DATE OF DEATH (Month) (Day) (Year) NOV. 7, 1955			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle)		c. (Last) CRAIG		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH MAR. 8, 1901		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (State or foreign country) SAGINAW, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES CRAIG			13b. MOTHER'S MAIDEN NAME CORA ANDERSON			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CORA CRAIG, 1714 OHIO AVENUE			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3318				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Oct 9</u> , 1955, to <u>Nov 7</u> , 1955, that I last saw the deceased alive on <u>Nov 7</u> , 1955, and that death occurred at <u>9:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John M. Douglas M.D.</u>				23b. ADDRESS <u>210 West 32nd Joplin MO</u>		23c. DATE SIGNED <u>11/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-10-55		24c. NAME OF CEMETERY OR CREMATORY SAGINAW CEMETERY,		24d. LOCATION (City, town, or county) (State) SAGINAW, MISSOURI	
DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE <u>John M. Douglas</u> 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

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

RECEIVED NOV 21 1955
Jasper County Health Office
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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

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.