

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1748

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENSBURG</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		c. CITY OR TOWN <u>HOLDEN</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>WARRENSBURG MED. CENTER.</u>				e. STREET ADDRESS (If rural, give location) <u>HOLDEN MO 0510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>LUCY</u> c. (Last) <u>CRAIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2 1956</u>				
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 20 1905</u>	
9. AGE (in years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>✓</u>		IF UNDER 24 HRS. Hours <u>✓</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING FACTORY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WINDSOR MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>WILLETT J. PHELPS</u>			13b. MOTHER'S MARDEN NAME <u>EMILY LANE</u>		14. NAME OF HUSBAND OR WIFE <u>CLARENCE CRAIG</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-34-3</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARENCE CRAIG HOLDEN MO</u>			
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.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pancreatitis and right retroperitoneal hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma of Ampulla Vater</u>				?	
		DUE TO (c) <u>155X</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Common duct stones</u>				?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) (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>12-22</u> , 19 <u>55</u> , to <u>1-2</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-2</u> , 19 <u>56</u> , and that death occurred at <u>7:45 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper MD</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>1-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLDEN MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 4, 1956</u>		REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conroy & Rupp</u>		ADDRESS <u>Holden, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 9 1956
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.....
W. S. Emery

Licensed Embalmer No... 343

P. O. Address *Helden*

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.