

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24377**

No. 300
10.48

FILED JUL 25 1956

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 4308		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark.				b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel		c. LENGTH OF STAY (In this place) 3 days		c. CITY OR TOWN Sulphur Spgs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Fountain Clinic				STREET ADDRESS (If rural, give location) Route 1				6038	
3. NAME OF DECEASED (Type or Print) a. (First) Eugene			b. (Middle) Archibald		c. (Last) Craig		4. DATE OF DEATH (Month) (Day) (Year) 7 15 56		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Nov. 30, 1881		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broom maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0 Marcilene, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Thomas A. Craig			13b. MOTHER'S MAIDEN NAME Josephine Moore			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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Walter Craig				ADDRESS Sulphur Spgs.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 60 hrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19 55 , to July 15, 1956 , that I last saw the deceased alive on July 15, 1956 , and that death occurred at 5 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. D. Fountain, D.O.				23b. ADDRESS Mail 910			23c. DATE SIGNED July 15		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7 - 16 - 56		24c. NAME OF CEMETERY OR CREMATORY Lee Cemetery		24d. LOCATION (City, town, or county) (State) Sulphur Spgs. Ark.			
DATE REC'D BY LOCAL REG. 7-15-56		REGISTRAR'S SIGNATURE Mayme Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE E. A. Peck		ADDRESS Siloam Spgs.			

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

4 2 0

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 *E.P. Hyatt*.....

Licensed Embalmer No. *3211*

P. O. Address *Highway 10*

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