

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **145**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Greene</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (If this place) <b>11 hrs.</b>	c. CITY OR TOWN <b>Manfield 1148</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>Manfield Rural</b>		e. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> a. (First) <b>Glen</b> b. (Middle) <b>Craig</b> c. (Last) <b>Craig</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2-9-57</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W O</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>May 15, 1895</b>		<b>9. AGE</b> (In years last birthday) <b>61</b>

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Mail Carrier</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Postal</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Woodville, Miss</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>John Nelson Craig</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Randy</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna Craig</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>W.W.I.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Anna Craig</b>		<b>ADDRESS</b> <b>Manfield, Mo.</b>
--	--	--	--	-------------------------------------

<b>18. CAUSE OF DEATH.</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary thrombosis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH.</b> <b>Few min.</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary ht. disease</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **2-9**, 19**57**, that I last saw the deceased alive on **2-9**, 19**57**, and that death occurred at **12:45 A.M.**, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>G. L. Williamson MD</b> (Print or title)	<b>23b. ADDRESS</b> <b>Springfield, Mo.</b>	<b>23c. DATE SIGNED</b> <b>2-12-57</b>
---	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>2/14/57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Manfield Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Manfield, Mo.</b>
--	---------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>2-13-57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>G. L. Williamson</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Alan S. Ferrel</b>	<b>ADDRESS</b> <b>Manfield, Mo.</b>
--	--	---	-------------------------------------

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

FEB 27 1957

MAR 18 1957

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 *Don G. Ferrell*

Licensed Embalmer No. *484*

P. O. Address *Mansfield, I.*

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.