

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

38810

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Marshall</b> <u>0972</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon hosp.</b>		Length of stay in lb <b>2 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>10 miles southwest of Marshall</b>
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>McElroy</b> Last <b>Craddock</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>13th</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 26, 1873</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	9. AGE (In years birthday) <b>84</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> IF UNDER 24 HRS.: Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (City and state or country) <b>Saline County, Missouri</b>
13a. FATHER'S NAME <b>James H. Craddock</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Sandidge</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-42-6837</b>	17. INFORMANT <b>Arch Craddock, Marshall Mo. R #</b>
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis &amp; decompensation</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>443X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I) (a) <b>Death Army detention - enlarged heart</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Oct 6 1957</b> to <b>Oct 13</b> and last saw her alive on <b>Oct 13 1957</b> Death occurred at <b>12:55 P M</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert Craddock MD</b> (Degree or title)		22b. ADDRESS <b>Marshall Mo</b>	22c. DATE SIGNED <b>10/14/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 15, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive cemetery</b>
24. FUNERAL DIRECTOR <b>Campbell-Lewis, Marshall Mo.</b>		23d. LOCATION (City, town, or county) (State) <b>Saline County Missouri</b>	26. REGISTRAR'S SIGNATURE <b>Carl H. Keas</b>
25. DATE RECD. BY LOCAL REG. <b>10-14-57</b>		26. REGISTRAR'S SIGNATURE	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James A. Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address *Marshall, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.