

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005984
STATE FILE NUMBER

FILED MAR 14 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 110

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hosp		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 524 Booth Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLARENCE Middle DAVID Last CRAIGG			4. DATE OF DEATH Month March Day 2 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 7 1904	9. AGE (In years birthday) 53	10. F UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Public Service Co	11. BIRTHPLACE (City and state or country) Marceline Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jesse Sterling Craigg	13b. MOTHER'S MAIDEN NAME Elizabeth Purcell	14. NAME OF HUSBAND OR WIFE Venus Craigg
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1921	16. SOCIAL SECURITY NO. 499-10-7989	17. INFORMANT Address Mrs Venus Craigg 524 Booth Kansas City Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet Wound Head		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Apparently self inflicted
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. 3-2-58	

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.) Frank City Jackson Mo	20f. CITY, TOWN, OR LOCATION COUNTY STATE Frank City Jackson Mo
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21. I attended the deceased from _____, to _____ and last saw him/her alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh A Owens Curson	22b. ADDRESS 1834 North Blvd	22c. DATE SIGNED 3-3-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/5/58	23c. NAME OF CEMETERY OR CREMATORY St Washington Cemetery	23d. LOCATION (City, town or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 3-5-58	26. REGISTRAR'S SIGNATURE James Craig
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MAR 12 1958

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 *Thomas P. Heil*

Licensed Embalmer No. *4954*

P. O. Address *K.C. 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.