

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025418
STATE FILE NUMBER
3037

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3037

FILED JUL 17 1958

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kennett</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	328 CITY OR TOWN <i>Kennett</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wyan Rest Home</i>		Length of stay in 1b <i>20 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>2215 Floria</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Patterson</i> Last <i>Craggett</i>			4. DATE OF DEATH Month <i>6</i> Day <i>16</i> Year <i>1958</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-21-1879</i>	9. AGE (In years last birthday) <i>79</i>	10. F UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	11. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Church</i>	11. BIRTHPLACE (City and state or country) <i>Kennett Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Craggett</i>	13b. MOTHER'S MAIDEN NAME <i>Flourine</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>496-09-3767</i>	17. INFORMANT <i>Flossie Break</i> Address <i>1718 Bryan St K.C.</i>
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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) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4:30</i>
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <i>11:00 6/13/58</i> to <i>6/16/58</i> and last saw him alive on <i>6/16/58</i> Death occurred at <i>Home</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>D. S. Daigle, M.D.</i>	22b. ADDRESS <i>212 Truman Rd</i>	22c. DATE SIGNED <i>6/17/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6/19/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>School of Anatomy</i>	23d. LOCATION (City, town, or county) (State) <i>Kennett, Mo.</i>
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24. FUNERAL DIRECTOR <i>Brigham & Jones</i>	ADDRESS <i>185 Park KC, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>6-18-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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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
L. S. Daigle

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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 *Lawrence D. J.*

Licensed Embalmer No. 4429
P. O. Address 2300 E. 18

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.