

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026366

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella, Mo;</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Gravette, Ark;</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 <u>Cardwell Mem.</u>			Length of stay in lb <u>18 hours</u>		d. STREET ADDRESS <u>Rt. 1, Box 91,</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Darrell</u> Last <u>Craig</u>				4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1958</u>					
5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 27, 1893</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Month <u>11</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Oil field worker</u>		11. BIRTHPLACE (City and state or country) <u>Scammon, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Charley Craig</u>				14. MOTHER'S MAIDEN NAME <u>Addie "Finnley" Craig</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>453-22-8977</u>		17. INFORMANT Address <u>Mrs. Augusta Craig-- Wife</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subsiding Tuberculosis</u> 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) <u>002X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1956</u> to <u>May 31, 58</u> and last saw him alive on <u>May 31, 58</u> Death occurred at <u>12:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>D. Fountain D.D. 2</u>				22b. ADDRESS <u>Moell</u>		22c. DATE SIGNED <u>June 2, 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 2, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Memories</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>				
24. FUNERAL DIRECTOR <u>Spotts</u>				ADDRESS <u>Gravette, Ark;</u>		25. DATE RECD. BY LOCAL REG. <u>6-28-58</u>		26. REGISTRAR'S SIGNATURE <u>Meredith Moberly</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

District Health Officer No. Newton
District File Number 858-160
Date Filed AUG 6 1958

OCT 22 1958

OCT 22 1958

JAN 18 1960
MS

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 L. Rhodes

Licensed Embalmer No. 113

P. O. Address 89

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