

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038816

STATE FILE NUMBER 116

FILED DEC 15 1958

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 116

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb 31 yrs	d. STREET (If outside, give location) ADDRESS 1005 Truman Avenue
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ALEXANDER Last CRAIG			4. DATE OF DEATH Month Dec Day 12 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1 1878
9. AGE (In years and birthday) 80		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk of		10b. KIND OF BUSINESS OR INDUSTRY Probate Court	11. BIRTHPLACE (City and state or country) Mountain City, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Craig	
13b. MOTHER'S MAIDEN NAME Mary Smith		14. NAME OF HUSBAND OR WIFE Kate Harkless	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-10-5389-A	17. INFORMANT Address Mrs. Kate Craig, Lamar, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 _____ 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
21. I attended the deceased from 10/23/57 to 12/12/58 and last saw her alive on 12/12/58 Death occurred at 12:00 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. R. Crow (Degree or title)		22b. ADDRESS Lamar, Mo.	22c. DATE SIGNED 12/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 15 1958	23c. NAME OF CEMETERY OR CREMATORY Lake	23d. LOCATION (City, town, or county) (State) Lamar, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. DEC 13 '58	26. REGISTRAR'S SIGNATURE Marie Konantz

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 *Carl F. Herantz*

Licensed Embalmer No. *2247*
P. O. Address *Lamar, 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.