

23558-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043900

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 140 Primary Registration District No. 3021 Registrar's No. 128

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville <i>ca 70</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in 1b 4 hours	d. STREET ADDRESS (If outside, give location) 40 Highway Rt 2
3. NAME OF DECEASED (Type or print) First Middle Last Rickey Lynn Craig			4. DATE OF DEATH Month Day Year Dec. 10, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 28, 1958
9. AGE (In years last birthday) 8 Months 12 Days		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Fayette, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John A. Craig	
13b. MOTHER'S MAIDEN NAME Margaret Edna Ash Craig		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT Address John A. Craig, Rt. 2 Boonville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute upper respiratory infection DUE TO (b) indeterminate DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			INTERVAL BETWEEN ONSET AND DEATH? 2 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> natural	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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 11AM 12-10-58 , to 1:20PM 12-10-58 and last saw her alive on 12-10-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mary K. Shell, Jr M.D.		22b. ADDRESS Lee Hospital, Fayette, Mo	
22c. DATE SIGNED 12-12-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec. 12, 58		23c. NAME OF CEMETERY OR CREMATORY Clark's Chapel Cem.	
23d. LOCATION (City, town, or county) Howard County, Missouri		(State)	
24. FUNERAL DIRECTOR Larkland - Hall New Franklin, Mo.		25. DATE RECD. BY LOCAL REG. 12-12-58	
26. REGISTRAR'S SIGNATURE Mary K. Shell			

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin

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.