

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001078

STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 7

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-57

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>W. Kansas City Mo.</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Mem Hosp.</u> | | Length of stay in lb <u>34 day</u> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Roscoe W Craig</u> | | | 4. DATE OF DEATH Month Day Year <u>1-28-1959</u> |
| 5. SEX <u>Male</u> | 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>1-30-1907</u> |
| 9. AGE (In years last birthday) <u>51</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resort Operator</u> | 11. BIRTHPLACE (City and state or country) <u>Harrison County Mo. U.S.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Albert Craig</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Maxwell</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Nettie Craig</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>497-24-9128</u> |
| 17. INFORMANT <u>Nettie Craig</u> | | Address <u>W. Kansas City, Mo</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>METASTATIC BRAIN TUMOR</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 TO 6 mo.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>UNKNOWN PRIMARY TUMOR.</u> | | | <u>unknown</u> |
| 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"/> |
| 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 Month, Day, Year 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 <u>12-24-58</u> , to <u>1-28-59</u> and last saw ^{him} alive on <u>1-28-59</u> Death occurred at <u>2:55 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Albert Dittke M.D.</u> | | 22b. ADDRESS <u>Bethany, Mo.</u> | 22c. DATE SIGNED <u>1-31-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u> | 23b. DATE <u>2-1-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway</u> | 23d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo.</u> |
| 24. FUNERAL DIRECTOR <u>McHane</u> | | ADDRESS <u>Bethany Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>1-31-1959</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Gella Maxey</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All entries in Part I must be causally related.

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NS
MAR 21 1960

NS
APR 21 1960

STATEMENT BY LICENSED EMBALMER

FEB 11 1959

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 *W. H. Saas*

Licensed Embalmer No. 3899
P. O. Address. *Bethany W.*

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.