

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILLED VS AUG 18 1959

## 59-031327

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Worth</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grant City</b>		Length of stay in 1b <b>3 yrs.</b>	c. CITY OR TOWN <b>Grant City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>203 S High</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>203 S High</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Earl</b> Middle <b>Craig</b> Last <b>Craig</b>			<b>4. DATE OF DEATH</b> Month <b>August</b> Day <b>1</b> Year <b>1959</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>3-31-1897</b>	<b>9. AGE (last birthday)</b> <b>62 yrs.</b>	IF UNDER 1 YEAR Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Self employed</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Meat and locker</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Near Clyde, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S.</b>	
<b>13a. FATHER'S NAME</b> <b>Daniel Craig</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Alberta Bryson</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary L. Craig</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486-30-0639</b>		<b>17. INFORMANT</b> Address <b>Mrs. Mary L. Craig - Grant City, Mo.</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>None</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>20a. SUICIDE</b> <input type="checkbox"/>	<b>20a. HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
<b>21. I attended the deceased from</b> <u>1957</u> to <u>Aug 1, 59</u> and last saw <sup>her</sup> him alive on <u>1 Aug 59</u> Death occurred at <u>11pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <i>Frank B Matteson MD</i> <b>Frank B Matteson MD</b>			<b>22b. ADDRESS</b> <b>Coroner North Co Grant City, Mo</b>		<b>22c. DATE SIGNED</b> <b>8/4/59</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>Aug. 4, 1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Sweet Home Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Ravenwood, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <i>Bill A. Dunfee - Grant City, Mo</i>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>Aug 15, 1959</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Bowdrey Kibler</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill A. Dingle

Licensed Embalmer No. 490

P. O. Address. Grant City

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.