

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033126

FILED VS. OCT 13 1959 231

Registration District No. 231 Primary Registration District No. 5809 Registrar's No. 51

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Danville Township		Length of stay in 1b	c. CITY OR TOWN New Florence Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	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 Ruth Middle Ann Last Craig			4. DATE OF DEATH Month Oct Day 5 Year 1959		
--	--	--	--	--	--

5. SEX F	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1865	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months 6 Days 18 Hours Min. 	IF UNDER 24 HR. Hours Min.
-----------------	-------------------------------	--	-----------------------------------	----------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mineola Mo	12. CITIZEN OF WHAT COUNTRY U S
---	-----------------------------------	--	--

13a. FATHER'S NAME Wiley S Huddleston	13b. MOTHER'S MAIDEN NAME Ann Harrison	14. NAME OF HUSBAND OR WIFE George W Craig
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Paul Stiegmann New Florence, Mo
--	-------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	myocardial degeneration	2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) chronic myocardiitis	20 yrs
	DUE TO (c) chronic interstitial nephritis	20 yrs
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year

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 **57**, to **Oct. 5-1959** and last saw her alive on **Oct. 4-1959**
Death occurred at **10:30 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ab Van Busdale MD	22b. ADDRESS Montgomery City Mo	22c. DATE SIGNED 10-5-59
---	--	---------------------------------

23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-1959	23c. NAME OF CEMETERY OR CREMATORY Montgomery City Cemetery	23d. LOCATION (City, town, or county) (State) Montgomery City Mo
--	----------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Baker Funeral Home New Florence, Mo	25. DATE RECD. BY LOCAL REG. Oct. 7-1959	26. REGISTRAR'S SIGNATURE Laura B. Callaway
---	---	--

(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3375

P. O. Address New Florence, MI

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.