

BUREAU OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039992

FILED VS DEC 14 1959

Registration District No. AA Primary Registration District No. 1002 Registrar's No. 5703 STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Okla. b. COUNTY McCurtain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 wks.		c. CITY OR TOWN Idabell		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 205 N. E. Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle M. Last Craig				4. DATE OF DEATH Month Nov. Day 25 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH March 14 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 73 Days 73 Hours 73 Min. 73	IF UNDER 24 HR Hours 73 Min. 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Land Dept.		10b. KIND OF BUSINESS OR INDUSTRY Dirks Forest Inc.		11. BIRTHPLACE (City and state or country) Bentonville Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Albert Craig			13b. MOTHER'S MAIDEN NAME Wince McDaniel			14. NAME OF HUSBAND OR WIFE Ola Craig	
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. unknown		17. INFORMANT John Craig jr. Address Kansas City 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) Carcinoma of Colon						INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)					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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Nov 1 1959 to Nov 22 1959 , and last saw him alive on Nov 25 1959 Death occurred at 9:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. G. Berry M.D. (Degree or title)				22b. ADDRESS 315 Hutchins Rd. Kansas City, Mo			22c. DATE SIGNED Nov 26 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/26/59	23c. NAME OF CEMETERY OR CREMATORY Idabell		23d. LOCATION (City, town, or county) Idabell		STATE Okla.	
24. FUNERAL DIRECTOR Stine & McClure ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 11-26-59		26. REGISTRAR'S SIGNATURE Neva Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. G. Berry

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

Joe B. Yoder

Licensed Embalmer No.

4173

P. O. Address

H.C.M.

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.