

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

15--60-004963

FILED VS FEB 10 1960  
INDEXED

Registration District No. 002 Primary Registration District No. 5018 Registrar's No. 5018 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ANDREW</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ANDREW</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLATTE TOWNSHIP</b>		Length of stay in 1b	c. CITY OR TOWN <b>RFD #2, BOLCKOW</b>
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) <b>4 mile southeast</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ADDIE BELLE CRAIG</b>			4. DATE OF DEATH Month Day Year <b>February 5, 1960</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-4-78</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Andrew County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>WIDSON S. McMURRY</b>		13b. MOTHER'S MAIDEN NAME <b>UNK</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK CRAIG</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>- - -</b>		17. INFORMANT Address <b>Frank Craig, RFD #2, Bolckow, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Problems associated with</b> <b>plus other ailments</b> DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>1-13-60</b> <b>10 yrs</b>
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 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 1-13-60 to 2-5-60 and last saw her alive on 2-3-60  
Death occurred at 4:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert Hawkins</i> (Signature of title)	22b. ADDRESS <b>Savannah, Missouri</b>	22c. DATE SIGNED <b>2-6-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>2-7-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BOLCKOW CEMETERY</b>
23d. LOCATION (City, town, or county) <b>BOLCKOW, MISSOURI</b>		(State)

24. FUNERAL DIRECTOR <b>BREIT &amp; HAWKINS</b>	ADDRESS <b>SAVANNAH</b>	25. DATE RECD. BY LOCAL REG. <b>2-9-60</b>	26. REGISTRAR'S SIGNATURE <i>Robert Sparks</i>
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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

*James B. Hawkins*

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.