MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-028568
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 362

FILED SEP 11 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neelys Landing, Mo. — Length of stay in 1b: 40 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home, at edge of town — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Gir.
c. CITY OR TOWN: 4, Jackson, Mo. Neelys Landing, or Rt. # — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): At edge of Neelys Landing — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Cleat Middle: Last: Craiglow
4. DATE OF DEATH: Month Day Year: Sept. 6, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-16-1876
9. AGE (last birthday): 85 — 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): Timber dealer & Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Timber & farm
11. BIRTHPLACE (City and state or country): Jonesboro, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Craiglow
13b. MOTHER'S MAIDEN NAME: Martha Bridges
14. NAME OF HUSBAND OR WIFE: Cornelia Cariglow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Cornelia Craiglow — Address: Rt. # 4 Jackson, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Nephritis
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Twenty five years
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Twenty five, to _____ and last saw him alive on 9-5-61
Death occurred at 6:30 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O J Miller MD
22b. ADDRESS: Cape Gir Mo
22c. DATE SIGNED: 9/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-9-1961
23c. NAME OF CEMETERY OR CREMATORY: McLains Chapel Cemetery
23d. LOCATION (City, town, or county) (State): Indian Creek, Mo.

24. FUNERAL DIRECTOR: Ford & Sons — ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 9-8-61
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1961

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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

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.