

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12157

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton	
c. LENGTH OF STAY (In this place) 2 months		d. STREET ADDRESS (If rural, give location) Gen. Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moore's Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) AMOS b. (Middle) OPPIN c. (Last) CRAGG			4. DATE OF DEATH (Month) (Day) (Year) April 29 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 15 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Henry County Mo.	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME A E Cragg		13b. MOTHER'S MAIDEN NAME Louella Down		14. NAME OF HUSBAND OR WIFE Deceased	
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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. No		17. INFORMANT'S SIGNATURE OR NAME Robert L. Cragg		ADDRESS Wichita Falls Texas	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uræmia				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular-Renal disease					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Epilepsy from Convulsions				442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT HOME <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **4-27-49**, 1949, to **4-29-49**, 1949 that I last saw the deceased alive on **4-28-49**, 1949, and that death occurred at **4 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Peeler M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 5/2/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY 3 1949		24c. NAME OF CEMETERY OR CREMATORY Ladue Cemetery		24d. LOCATION (City, town, or county) (State) Ladue Mo	
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DATE REC'D BY LOCAL REG. 5-6-49		REGISTRAR'S SIGNATURE Florence Adair		FUNDING DIRECTOR'S SIGNATURE Frank H. Williams		ADDRESS Clinton Mo	
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RECEIVED
District Health Officer No. 7,
District File Number 4-49-516
Date Filed 5-9-49

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 _____

None

Student Embalmer No. None

working under my personal supervision.

Signed None
Student Embalmer

Signed Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.