

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33679

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 222

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) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (In this place) 4 years		d. STREET ADDRESS (If rural, give location) 505 East Colorado	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 505 East Colorado			

3. NAME OF DECEASED (Type or Print) a. (First) Earl		b. (Middle) ---		c. (Last) Craig		4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 25 1890		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 1 HR. Hours --- Min. ---		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Knobnoster, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Francis Craig		13b. MOTHER'S MAIDEN NAME Ella Boyken		14. NAME OF HUSBAND OR WIFE Florence Blaine Craig	
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. 500 10 5126		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. E. Craig, Windsor, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		INTERVAL BETWEEN ONSET AND DEATH ?	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		175X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 17, 1948, to Oct 1, 1949, that I last saw the deceased alive on Oct 1, 1949, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Ray B Jordan (Degree or title) M.D.		23b. ADDRESS Windsor Mo.		23c. DATE SIGNED 10-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-4-49		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
				24d. LOCATION (City, town, or county) (State) Windsor, Missouri	

DATE REC'D BY LOCAL REG Oct-4-49		REGISTRAR'S SIGNATURE Florence A. Dav...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Windsor, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1228

Date Filed 10-17-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.