

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22823

State File No.

No. 300
10-48
622
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BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 2

1. PLACE OF DEATH a. CITY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> <u>0420</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>305 Cherry St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>CRAIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1954</u>		
5. SEX <u>male</u>		6. COLOR, OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Apr. 5, 1885</u>		9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>6</u> YEARS <u>9</u> HOURS <u>1</u> MIN. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mk & T Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knobnoster, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Robert Henry Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Nethie Mosley</u>		14. NAME OF HUSBAND OR WIFE <u>Littie Mosley Craig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>500 10 6125</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Littie Craig</u> ADDRESS <u>Windsor, Mo</u>	

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

19a. DATE OF OPERATION <u>7-5-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hyper nephroma Kidney</u>			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) <u>180 X</u>		
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 7-4, 1954, to 7-14, 1954, that I last saw the deceased alive on 7-14, 1954, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Jordan M.D.</u>		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>7-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	
24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>July-18-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 9 19

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 *Kinders 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.