

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30398**

**FILED OCT 5 1954**

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>	
c. LENGTH OF STAY (In this place) <b>7 hours</b>		d. STREET ADDRESS (If rural, give location) <b>505 W. Jackson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>			
3. NAME OF DECEASED a. (First) <b>EMORY</b> b. (Middle) <b>LELAND</b> c. (Last) <b>CRAIG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 26, 1954</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 22, 1914</b>
9. AGE (In years) <b>40</b> if under 1 year: Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucking</b>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Earl Craig</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Blaine</b>	
14. NAME OF HUSBAND OR WIFE <b>Laurine Hephrey Craig</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emory L. Craig</b>		ADDRESS <b>Windsor, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intracranial Hemorrhage</b> ANTECEDENT CAUSES <b>Traumatic Skull fractures</b> DUE TO (b) <b>7 wks..</b> DUE TO (c) <b>7 hrs..</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <b>Windsor, Mo. 042</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Sept 25, 1954</b> to <b>Sept 26, 1954</b> , that I last saw the deceased alive on <b>Sept 25, 1954</b> , and that death occurred at <b>2:45 am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Claude M. Thurber, M.D.</b> (Degree or title)		23b. ADDRESS <b>Windsor, Mo.</b>	
23c. DATE SIGNED <b>9/29/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-28-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Florence Adair</b> ADDRESS <b>Huston-Turner, Windsor, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

APR 12 1955

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.