

No. 300
10.48

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20112

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5640 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Davis rural	c. LENGTH OF STAY (In this place) 3 4 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Davis rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. south Higginsville		d. STREET ADDRESS (If rural, give location) 2 mi. south Higginsville.	

3. NAME OF DECEASED (Type or Print)	a. (First) Sallie	b. (Middle) Craig	c. (Last) Thieman	4. DATE OF DEATH (Month) (Day) (Year) June 9 1949
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 21, 1880	9. AGE (In years last birthday) 69	10. MONTHS 4	11. DAYS 18	12. IF UNDER 1 YEAR Hours	13. IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Mason Craig	13b. MOTHER'S MAIDEN NAME Margaret Steele	14. NAME OF HUSBAND OR WIFE Daniel B. Thieman
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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.	17. INFORMANT'S SIGNATURE OR NAME Grace Dawson Brooklyn	18. ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 196X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastasis in mediastinum DUE TO (c) and pleura		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Jan 29 1948	19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE No (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) (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 Jan 24 1949, to June 9, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. O. (Degree or title)	23b. ADDRESS Higginsville, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-11-49	24c. NAME OF CEMETERY OR CREMATORY Higginsville	24d. LOCATION (City, town, or county) (State) Higginsville Mo.
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DATE REC'D BY LOCAL REG. 6-17-1949	REGISTRAR'S SIGNATURE Clayton H. Landrum	25. FUNERAL DIRECTOR'S SIGNATURE Forrest A. Hooper	ADDRESS Higginsville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____
Date Filed 6-27-49

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 Forrest S. Hoyle

Licensed Embalmer No. 4358

P. O. Address Piquetteville

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.