

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1605

FILED FEB 15 1951

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 13

1. PLACE OF DEATH
 a. COUNTY Johnson.
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.
 c. LENGTH OF STAY (In this place) 7 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Warrensburg. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Johnson.
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg. 0512
 d. STREET ADDRESS (If rural, give location) 319, Christopher.

3. NAME OF DECEASED (Type or Print)
 a. (First) John b. (Middle) Wadell c. (Last) Craig.
 4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1951.

5. SEX male 2
 6. COLOR OR RACE white
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married.
 8. DATE OF BIRTH 28, Feb. 1877
 9. AGE (In years last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) Johnson Co., MO. 0
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Craig
 13b. MOTHER'S MAIDEN NAME Annie E. Phillips.
 14. NAME OF HUSBAND OR WIFE Mrs. Ora Craig.

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 ADDRESS Mrs. Ora Craig. Warrensburg. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subarachnoid hemorrhage
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - pushed on a car DUE TO (c) to start it.
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension heart disease
 INTERVAL BETWEEN ONSET AND DEATH 60 hrs
 60 hrs
 231A
 5 years

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1946, to Jan. 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

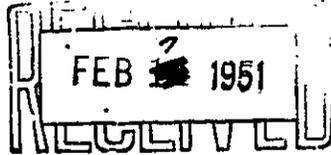
23a. SIGNATURE (Degree or title) [Signature] M.D.
 23b. ADDRESS Warrensburg Mo
 23c. DATE SIGNED 2-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE 2, Feb. 1951.
 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill
 24d. LOCATION (City, town, or county) (State) Warrensburg. MO.

DATE REC'D BY LOCAL REG. Feb. 1, 1951
 REGISTRAR'S SIGNATURE [Signature]
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips. Warrensburg. MO.

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

0512



JOHNSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.