

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23380

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 921

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (In this place) 33 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns		d. STREET ADDRESS (If rural, give location) 3028 Joplin St. 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Braz	b. (Middle)	c. (Last) Craig	July 4, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1892		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Insulation		10b. KIND OF BUSINESS OR INDUSTRY Eagle Picher	11. BIRTHPLACE (State or foreign country) Mayes, Oklahoma /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Craig	13b. MOTHER'S MAIDEN NAME Mary Pruitt	14. NAME OF HUSBAND OR WIFE Grace Craig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Grace Craig, 3028 Joplin St.

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		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 July 4, 1951, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) John W. Korabel, M.D.	23b. ADDRESS 725 FRISCO BLDG.	23c. DATE SIGNED 7/7/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-6-51	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial
24d. LOCATION (City, town, or county) (State) Joplin, Missouri		

DATE REC'D BY LOCAL REG. 7-10-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Steve Parker Mortuary, Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-16-51
Jasper County Health Office

County File Number 51/7/561
Date Filed 7-16-51

Noted

JUL 27 1957

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 *F. M. Jones*

Signed.....
Student Embalmer,

Licensed Embalmer No. *2319*

P. O. Address. *Joplin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.