

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **29644**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 271	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY CALLAWAY		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		a. STATE Missouri		b. COUNTY Callaway	
c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		d. STREET ADDRESS (If rural, give location) 706 Walnut		0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 Walnut				d. STREET ADDRESS (If rural, give location) 706 Walnut			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) ROBERT	b. (Middle) NATHANIEL	c. (Last) CRAIG	(Month) SEPT	(Day) 24	(Year) 1951	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov. 28 1869	9. AGE (In years, last birthday) 81	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME James Craig	13b. MOTHER'S MAIDEN NAME Martha Carter
14. NAME OF HUSBAND OR WIFE Virginia Craig	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ms. Helen Gould				ADDRESS Fulton, Mo.
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) _____			
				DUE TO (c) _____			11500
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)			
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 Feb 24, 1951 , to Sept 24, 1951 , that I last saw the deceased alive on Sept 24, 1951 , and that death occurred at 12:59 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE D.H. Collier				23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 9/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-25-1951	24c. NAME OF CEMETERY OR CREMATORY Richland Baptist		24d. LOCATION (City, town, or county) (State) Callaway County, Mo.			
DATE REC'D BY LOCAL REG. Sept 25 1951	REGISTRAR'S SIGNATURE Martha Lawrence by RLOD		25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home, Fulton, Mo.				

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

0143

FILED OCT 4 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 2 1951

RECEIVED

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.