

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 231

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (If this place) 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
d. STREET ADDRESS (If rural, give location) 2615 Lucille Avenue

3. NAME OF DECEASED
a. (First) WILLIAM
b. (Middle) BRYAN
c. (Last) CRAIG

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 23 1954

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 11, 1897

9. AGE (In years last birthday) 57
If weeks: None Months: None Days: None If weeks in last month: None Days: None

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Mgr. & Buyer

10b. KIND OF BUSINESS OR INDUSTRY Wholesale Dry Good

11. BIRTHPLACE (State or foreign country) Fillmore Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Craig

13b. MOTHER'S MAIDEN NAME Lillie Sells

14. NAME OF HUSBAND OR WIFE Katherine 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. 491-09-1698

17. INFORMANT'S SIGNATURE OR NAME Katherine Craig ADDRESS St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Insufficiency
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH
6 hr.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 4201

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)
St. Joseph, Buchanan, Missouri

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 1/22, 1954, to 1/23, 1954, that I last saw the deceased alive on 1/22, 1954, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David Benson M.D.

23b. ADDRESS 510 Cedar City

23c. DATE SIGNED 1/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 25, 1954

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE RECD BY LOCAL REG. Jan 27, 1954

REGISTRAR'S SIGNATURE Kathleen M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE James Funeral Home ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1954

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.....
Student Embalmer

Signed *John R. Stacey*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.