

STANDARD CERTIFICATE OF DEATH

State File No. 660

FILED JAN 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>1</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California</u> <u>0680</u>		
c. LENGTH OF STAY (In this place) <u>USA</u>		d. STREET ADDRESS (If rural, give location) <u>607 South High St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Capitol Theatre - 111 West High</u>				
3. NAME OF DECEASED (Type or Print) <u>George Allen Craig</u>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>Jan. 5, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 13, 1892</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William H. Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Lucenda Vickers</u>		14. NAME OF HUSBAND OR WIFE <u>Katie Craig</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Katie Craig California, Mo.</u>
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>onset</u>
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) <u>332X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Jan 5, 1954</u> , to <u>Jan 6, 1954</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:58 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Francis J. Mead M.D. Jefferson City, Mo.</u>		23b. ADDRESS <u>M.D. Jefferson City, Mo.</u>		23c. DATE SIGNED <u>1/5/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 5-1954</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Busch</u>
				ADDRESS <u>Jefferson City Mo</u>

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

APR 27 1984

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 _____

Victor Buescher

Licensed Embalmer No. 3901

P. O. Address Jefferson City 77

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.