

FILED FEB 28 1956

STANDARD CERTIFICATE OF DEATH

4451
State File No.

10-48

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>33</u>											
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Grundy</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Trenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1545 Merrill St.</u>				e. STREET ADDRESS (If rural, give location) <u>1545 Merrill St.</u>				<u>0400</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Clyde</u>			b. (Middle) <u>Wilbur</u>			c. (Last) <u>CRAIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1956</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>JAN. 12 1891</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Jacob Craig</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>FAY ESTER CRAIG</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>W.W.I</u>				16. SOCIAL SECURITY NO. <u>WW I</u>				17. INFORMANT'S SIGNATURE OR NAME <u>FAY ESTER CRAIG</u>				ADDRESS <u>Trenton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</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, 5-yr. severe.</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>Instantly</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>4201</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>Feb 3, 1956</u> , to <u>Feb 24, 1956</u> , that I last saw the deceased alive on <u>Feb 17, 1956</u> and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>C. L. Clark M.D.</u>				23b. ADDRESS <u>Trenton, Mo.</u>				23c. DATE SIGNED <u>2/25/56</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRUNDY CENTER</u>				24d. LOCATION (City, town, or county) (State) <u>R.F.O. Trenton Missouri</u>									
DATE REC'D BY LOCAL REG. <u>2-27-56</u>		REGISTRAR'S SIGNATURE <u>Elmer Fair</u>				FUNERAL DIRECTOR'S SIGNATURE <u>Davis-Blackmore</u>				ADDRESS <u>Trenton Mo.</u>							

Dr. Clark.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1956

FEB 29 1956

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.....
Signature of Student Embalmer

Signed *Harold L Roberts*

Licensed Embalmer No. *492*

P. O. Address *Greentown, Va*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.