

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5518

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>MT. VERNON</u>		c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>22-10-10 days</u>		c. CITY OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. STATE SANATORIUM</u> STREET ADDRESS (If rural, give location) <u>1810 W. Elm</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>—</u> c. (Last) <u>Craig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 20 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>August 7-1889</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Track Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Peculiar-Cass County-Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Moses Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Morrison</u>		14. NAME OF HUSBAND OR WIFE <u>Letha Craig</u>	
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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>702-29-1005</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Letha Craig - Springfield, Mo.</u>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>abt. 2 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma, rt. lung &amp; metastasis to pleura &amp; ribs</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary tuberculosis</u>			March, '54
*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			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>162 XA</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)	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 2-10-, 1956, to 2-20-, 1956, that I last saw the deceased alive on 2-20-, 1956, and that death occurred at 8:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. Brasher M.D.</u>		23b. ADDRESS <u>MT. VERNON Mo.</u>		23c. DATE SIGNED <u>2-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>2-21-56</u>	REGISTRAR'S SIGNATURE <u>Cecil Wadrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>	ADDRESS <u>Springfield, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 28 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 *[Handwritten Signature]* \_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address Springfield

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.