

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30525**

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Neward 04510</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Mo</u>	
b. CITY OR TOWN <u>Fayette</u>		b. COUNTY <u>Cooper 0270</u>	
c. LENGTH OF STAY (in this township) _____		c. CITY OR TOWN <u>Boonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS _____		(If rural, give location) <u>RR # 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Juanita</u>	b. (Middle) <u>ALVINA</u>	c. (Last) <u>Craig</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Juanita</u>	<u>ALVINA</u>	<u>Craig</u>	<u>9 10 1956</u>

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 9, 1927</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Work</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Lisbon, Mo. Howard Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Shannon Lee</u>	13b. MOTHER'S MARDEN NAME <u>Ida Jones</u>	14. NAME OF HUSBAND OR WIFE <u>W. Russell Craig</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give branch) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-305627</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russell Craig</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6m</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerular Nephritis</u>		
	DUE TO (c) <u>uremia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1 wk</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) <u>592x</u> (STATE) _____
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 March, 1956, to 9/10, 1956, that I last saw the deceased alive on 9/10, 1956 and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Sheehy M.D.</u> (Degree or title)	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>9/15/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Lisbon Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-15-56</u>	REGISTRAR'S SIGNATURE <u>Mary T. Sheehy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Hall</u>	ADDRESS <u>New Franklin Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *CADuncan*.....

Licensed Embalmer No. *1452*

P. O. Address *New Franklin*

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.