

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Addison Hambro

FILED NOV 14 1956

STANDARD CERTIFICATE OF DEATH

32985

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkville 013 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. .O. H.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 601 N. Boundary St.
3. NAME OF DECEASED (Type or print) First Cecil Middle L. Last Craig		4. DATE OF DEATH Nov. 5, 1956 Month Day Year	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk & Farm		10b. KIND OF BUSINESS OR INDUSTRY Feed Store, & Farm	11. BIRTHPLACE (City and state or country) Sullivan County, Mo.
13. FATHER'S NAME Walter Craig		14. MOTHER'S MAIDEN NAME Rena Allred	
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. x	17. INFORMANT Address Hilda E. Craig, Kirkville, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Sudden death			INTERVAL BETWEEN ONSET AND DEATH 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-3-56 to 11-5-56 and last saw <input checked="" type="checkbox"/> him alive on 11-5-56 Death occurred at 1:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Addison Hambro		22b. ADDRESS Kirkville, Mo.	
		22c. DATE SIGNED 11-6-56	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 11/8/56	23c. NAME OF CEMETERY OR CREMATORY Llewellyn Cemetery
		23d. LOCATION (City, town, or county) (State) Kirkville, Mo.	
24. FUNERAL DIRECTOR Paul W. ...		25. DATE RECD. BY LOCAL REG. 11-7-56	26. REGISTRAR'S SIGNATURE Kate Lambert

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 *George W. Davala*

Licensed Embalmer No. *47*

P. O. Address *Kupew*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.