

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5322  
STATE FILE NUMBER

FILED FEB 18 1957  
7877-57

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 5

Death, self-care, public service, 300-56, Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms with no natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>-</b> b. COUNTY <b>-</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>-</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Whiteman AFB Hosp</b>			Length of stay in 1b <b>44 hrs 57 Min</b>		d. STREET ADDRESS (If outside, give location) <b>-</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>First Middle Last</b> <b>Ronald Ray Craig</b>				4. DATE OF DEATH <b>Month Day Year</b> <b>February 11 1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb 9 1957</b>		9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and state or country) <b>-</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>		
13. FATHER'S NAME <b>Raymond Clifford Craig</b>				14. MOTHER'S MAIDEN NAME <b>Retha Rosalie Robertson</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Retha Rosalie Craig</b>		Address <b>General Delivery Knob Noster, Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atelectasis, congenital, bilateral</b>						INTERVAL BETWEEN ONSET AND DEATH <b>44 hrs 57 Min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) <b>-</b>				
20c. TIME OF INJURY Hour <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>			20d. INJURY OCCURRED WHILE AT <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.) <b>-</b>		20f. CITY, TOWN, OR LOCATION <b>-</b>		COUNTY <b>-</b>		STATE <b>-</b>	
21. I attended the deceased from <b>8:30 PM 10 Feb 57</b> , <b>6:21 AM 11 Feb 57</b> and last saw <b>her</b> alive on <b>11 Feb 57</b> Death occurred at <b>6:21</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Robert C. Robertson</b>				(Degree or title) <b>W. Gasler, wife</b>		22b. ADDRESS <b>Whiteman AFB, Missouri</b>	22c. DATE SIGNED <b>11 Feb 57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 14, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		23d. LOCATION (City, town, or county) (State) <b>Windsor Mo.</b>			
24. FUNERAL DIRECTOR <b>Ellis Huston</b>		ADDRESS <b>Windsor, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>2/14/57</b>	26. REGISTRAR'S SIGNATURE <b>Erma L. Beatty</b>		

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 *Clifford Gouge*.....  
Licensed Embalmer No. 501

P. O. Address *Windsor*.....

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.