

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016617
STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 1 Primary Registration District No.

Registrar's No. 149

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
FRANK KRIST USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Greentop R. F. D. #3		c. CITY OR TOWN Greentop R. F. D. #3	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At family home		d. STREET ADDRESS (If outside, give location) Clay Twp	
3. NAME OF DECEASED (Type or print) First Middle Last Ruth Idell Cragg		4. DATE OF DEATH Month Day Year May 6, 1959	
5. SEX F	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. 6, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Adair county, Mo
13a. FATHER'S NAME Clark Moots		13b. MOTHER'S MAIDEN NAME Minnie Harris	14. NAME OF HUSBAND OR WIFE Robert Cragg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war & dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Robert Cragg, Greentop, 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) <i>metastasis due to Cancer of the breast.</i> DUE TO (b) <i>Cancer of the breast.</i> 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 (a)			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>2-17-59</i> to <i>5-6-59</i> and last saw her ^{her} alive on <i>5-5-59</i> Death occurred at <i>1:15 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank Krist D.D.</i> 1		22b. ADDRESS Greentop, Mo.	
22c. DATE SIGNED <i>5-8-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>6/8/59</i>	
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
24. FUNERAL DIRECTOR <i>Frank Kriley</i>		25. DATE RECD. BY LOCAL REG. <i>5-11-1959</i>	
ADDRESS Kirksville, Mo.		26. REGISTRAR'S SIGNATURE <i>Doris W. Rathoff</i>	

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. Davel*

Licensed Embalmer No. *4799*
P. O. Address *Kirkville Mo*

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.