DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS JUL 11 1960

60-023870
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 23

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pinhook Community — Length of stay in 1b: 5 Hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Rt # 1 Box 704 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Pinhook Community — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Baby Middle: Boy Last: Craig
4. DATE OF DEATH: Month: April Day: 29, Year: 1960
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/29/60
9. AGE (last birthday): 1 Day — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (City and state or country): Wyatt, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Lee Craig
13b. MOTHER'S MAIDEN NAME: Annie Lee Canedy
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - - - - - - -
16. SOCIAL SECURITY NO.: - - - - - - - - - -
17. INFORMANT: James Lee Craig Address: Rt # 1 E. P. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs
Pulmonary collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Premature delivery - 26 wks gestation
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Birth, to and last saw him alive on 4-29-60
Death occurred at 2:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. P. Fenton DO.
22b. ADDRESS: Wyatt Mo
22c. DATE SIGNED: 5-1-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/30/60
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): Charleston, Missouri
24. FUNERAL DIRECTOR ADDRESS: Mc Mikle, East Prairie, Missouri
25. DATE RECD. BY LOCAL REG.: 6-28-60
26. REGISTRAR'S SIGNATURE: Gertrude G. Harper

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed: Elgin McMikle

Licensed Embalmer No. 4695

P. O. Address East Pra

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