URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1960

-60-041510
STATE FILE NUMBER

NDED

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett
Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co.Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 102 West 7th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Bessie Middle Marie Last Craig

4. DATE OF DEATH Month Nov. Day 22 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-26-1905
9. AGE (last birthday) 54
IF UNDER 1 YEAR: Months 11 Days 26 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Hornersville, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fred Esterline
13b. MOTHER'S MAIDEN NAME Rosa Hodge
14. NAME OF HUSBAND OR WIFE Lee Craig

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. 497-05-0722
17. INFORMANT Lee Craig--Kennett, Mo. Address

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) Hypertensive Cardio Vascular dis.
INTERVAL BETWEEN ONSET AND DEATH: years.
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)
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 1956, to 22 Nov 60 and last saw her alive on 22 Nov 60
Death occurred at approximately 8:30pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joel. Zimmerman, (Degree or title) MD.
22b. ADDRESS Kennett, Mo.
22c. DATE SIGNED 25 Nov 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-25-1960
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
23d. LOCATION (City, town, or county) Kennett (State) Missouri

24. FUNERAL DIRECTOR McDaniel Funeral Ser. ADDRESS Kennett, Mo.
25. DATE RECD. BY LOCAL REG. 11-29-1960
26. REGISTRAR'S SIGNATURE Earle Hundley

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 14 1961

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 Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett,

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.