

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22503**

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 2016		Registrar's No. 199		
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY ST LOUIS				
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION CHAS. E. STILL OSTEO. HOSP.				e. STREET ADDRESS (If rural, give location) 1115 SCOTT Rd.				
3. NAME OF DECEASED (Type or Print) a. (First) JACK			b. (Middle) Le Roy		c. (Last) CRAIG		4. DATE OF DEATH (Month) (Day) (Year) July 20 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 12 1924		9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Produce Mgr. APTCA CO		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME James Richard CRAIG		13b. MOTHER'S MAIDEN NAME FLORENCE YOWS		14. NAME OF HUSBAND OR WIFE Dolores June CRAIG				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 487-24-5528		17. INFORMANT'S SIGNATURE OR NAME Dolores June Craig ADDRESS 1115 Scott Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock caused by acute pulmonary embolism					INTERVAL BETWEEN ONSET AND DEATH 5 hours		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) sermic plathy							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					Edema		
19a. DATE OF OPERATION July 3 1954		19b. MAJOR FINDINGS OF OPERATION right inguinal					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		5600		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from July , 19 54 , to July 20 , 19 54 , that I last saw the deceased alive on July 20 , 19 54 , and that death occurred at 12:00 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter H. Gordon			23b. ADDRESS Centertown, Mo.			23c. DATE SIGNED July 20 1954		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July-22-54	24c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery		24d. LOCATION (City, town, or county) (State) Centertown, Missouri			
DATE REC'D BY LOCAL REG. July 20-54		REGISTRAR'S SIGNATURE R.P. Darrin MD		EMERALD DIRECTOR'S SIGNATURE Walter H. Gordon		ADDRESS Jefferson City, Mo		

(Licensed Embalmer's Statement (on Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 28 1954

JUL 27 1954

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 *Raymond Gordon* Licensed Embalmer No. *1286* P. O. Address *Jeff City*

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.