

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4068

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (in this place) 10 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home South Nichols St.,			d. STREET ADDRESS (If rural, give location) South Nichols St., 0		

3. NAME OF DECEASED (Type or Print) a. (First) Tyre			b. (Middle) N		c. (Last) Craighead		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21 1950		
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5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 15, 1877		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 6		IF UNDER 1 HRS. Days 6	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Expressman			10b. KIND OF BUSINESS OR INDUSTRY Rail Road			11. BIRTHPLACE (State or foreign country) Callaway County, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME George W. Craighead			13b. MOTHER'S MAIDEN NAME Alice Callaway			14. NAME OF HUSBAND OR WIFE None		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rolla Craighead				ADDRESS 512 Bluff St Fulton	
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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) was found dead in bed, had been <i>asleep several hours</i> prior to <i>death</i> ANTECEDENT CAUSES <i>heart failure</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>due to (b) also had for a long time suffered from a bed spasm and blood tracks</i> DUE TO (c) <i>bleeding tracks</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH M 0 7824	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M. P. Bennett, Coroner</i>		23b. ADDRESS <i>Fulton, Mo.</i>		23c. DATE SIGNED <i>2/22/50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton, Mo	
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DATE REC'D BY LOCAL REG. Feb 22-1950		REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>		426		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wallace Funeral Home, Fulton, Mo.</i>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 24 1950

District File Number

District Health Officer No. 97

FEB 27 1950

RECEIVED

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. 339

working under my personal supervision.

Student Russell C. Maag
Student Embalmer

Signed *Wenit C. Browning*

Licensed Embalmer No. 2724

P. O. Address *Fulton ms*

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 this body is not embalmed, fact should be so stated above.