

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2502
48
Registrar's No. 3002

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>3MO-1DA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>910 Nichols St.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>			b. (Middle)		c. (Last) <u>Craghead</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April, 12, 1876</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	11. UNDER 18 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hopwood</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Lesly</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Craghead (Deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gordon Green St. Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiorenal</u> <u>Diarrhea</u> ANTECEDENT CAUSES <u>Diarrhea</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>44 2 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>Dec 27, 1949</u> , to <u>March 7, 1950</u> , that I last saw the deceased alive on <u>March 6, 1950</u> , and that death occurred at <u>9:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Kallenbach M.D.</u>				23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>March 9, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hams Prairie Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 12 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>		ADDRESS <u>Fulton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAR 20 1950
District Health Officer No. 1
District File Number 3-57-41
Date Filed MAR 20 1950

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
Student Embalmer

Signed *Wesley C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton 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 this body is not embalmed, fact should be so stated above.