

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8053

State File No.

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 291-C

396

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WILLOW SPRINGS</u> <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SPRINGFIELD BAPTIST HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>614 PARK ST.</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CRAIG</u>	b. (Middle) <u>B.</u>	c. (Last) <u>RADFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1952</u>
-------------------------------------	-------------------------	-----------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 14, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Frisco Section Hand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>John Radford</u>	13b. MOTHER'S MAIDEN NAME <u>Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Homer C. Radford, Blue Springs, Mo.</u>	ADDRESS
--	--	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensating Heart Lesion with Bronchitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>Several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes & Hypertension</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	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) 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 2-11-1952 to 3-19-1952, that I last saw the deceased alive on 3/19/1952, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Feller M.D.</u>	23b. ADDRESS <u>608 Cherry Springfield Mo.</u>	23c. DATE SIGNED <u>3/21/52</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 19, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-22-52</u>	REGISTRAR'S SIGNATURE <u>James R. Amos M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman H. Lohmeyer</u>	ADDRESS <u>Springfield, Mo.</u>
---	---	--	---------------------------------

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

MAR 31 1944

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James T. Swadley

Signed.....
Student Embalmer

Licensed Embalmer No. 4815

P. O. Address Springfield

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.