

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1956

12267

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>	PRIMARY REG. DIST. NO. <u>5037</u>	Registrar's No. <u>69</u>
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>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt River Twnsp. Life</u>		c. CITY OR TOWN <u>Mexico</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mexico, Mo. R.F.D. 3</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Salt River Township</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Gordon</u> c. (Last) <u>Craghead</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1917</u>	9. AGE (In years last birthday) <u>38</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crops</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Orian R. Craghead</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Halley</u>	14. NAME OF WIFE WIFE <u>Mrs. Georgia E. Craghead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW-2</u>		16. SOCIAL SECURITY NO. <u>486-22-6681</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Georgia E. Craghead Mexico, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroners Case without jury, the deceased was found dead under a John Deere tractor by his wife while cleaning out a pond on his farm alone</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>the tractor turned over and caused a Fracture of the Cervical Vertebrae.</u> DUE TO (c) <u>causing his death.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9/21 3.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Own Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Mexico</u> (COUNTY) <u>Audrain</u> (STATE) <u>Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 18, 1956 11:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crushed by a John Deere tractor</u>	
22. I hereby certify that I attended the deceased from <u>Coroners Investigation</u> , 19 <u>56</u> , that I last saw the deceased <u>die</u> on <u>April 18, 1956</u> , and that death occurred at <u>11:00 PM</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>L. C. Adams Mch. Coroner</u>		23b. ADDRESS <u>Mexico, Mo. R.F.D. 3</u>	23c. DATE SIGNED <u>April 19, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 20, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>April 20-1956</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnold Funeral Home Mexico, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1957
MAY 2 1958

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 by¹⁶....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ray Miller*.....

Licensed Embalmer No. *445*

P. O. Address *Medic*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.