THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004718

STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 47 Primary Registration District No. 5171 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Callaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY X Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Auberts Twp. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN RR 3 Fulton 0140 Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR#3 Length of stay in 1b 40YRS.	d. STREET ADDRESS (If outside, give location) St. Auberts Twp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Seth Middle (None) Last Craighead

4. DATE OF DEATH Month Day Year March 1,1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 22,1882

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and state or country) Fulton, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David C. Craighead

14. MOTHER'S MAIDEN NAME Sarah F. Hardin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Mrs. Josie Craighead, RR3, Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio-Vascular Hypertension

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-16-59, to 2-28-59 and last saw her/him alive on 2-28-59

Death occurred at 2:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. C. Payne M.D.

22b. ADDRESS R#3 Fulton Mo.

22c. DATE SIGNED 3-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Mar.3,1959

23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

23d. LOCATION (City, town, or county) (State) Fulton, Mo.

24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Home, Fulton, Mo.

25. DATE RECD. BY LOCAL REG. March 7-1959

26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Blackwel

Licensed Embalmer No. 4

P. O. Address Fulton

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.