

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028234

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3510

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Dr. Kealhofer MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

<p style="font-weight: bold;">FILED JUL 22 1963</p>		<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jackson</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u></p>		<p>Length of stay in 1b <u>30 yrs.</u></p>		<p>c. CITY OR TOWN <u>Kansas City</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>3224 Washington</u></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>LAWRENCE CRADDOCK</u></p>		<p>4. DATE OF DEATH Month Day Year <u>June 22 1963</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>10-23-1908</u></p>	<p>9. AGE (last birthday) <u>54</u></p>	<p>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dock Worker</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Jones Truck Lines</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Lockney, Texas</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U. S.</u></p>		<p>13a. FATHER'S NAME <u>Clive Craddock</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Ida M. <del>Iding</del> King</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Hazel Craddock</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war, dates of service) <u>yes WW #2</u></p>		<p>17. INFORMANT Address <u>Hazel Craddock, 3224 Washington</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Shock + Hemorrhage resulting from massive laceration of Liver</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Liver</u></p> <p>DUE TO (c) <u>Liver</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>				<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Truck collision</u></p>					
<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>6-22-63</u></p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u></p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Kansas City Jackson Mo</u></p>	
<p>21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>Dr. Kealhofer</u></p>			<p>22b. ADDRESS <u>410 South Chesnut 667-7 Products Ave</u></p>		<p>22c. DATE SIGNED <u>6-25-63</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>		<p>23b. DATE <u>6-24-63</u></p>	<p>23c. NAME OF ZEMETERY OR CREMATORY <u>Green Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eylar Funeral Home</u></p>		<p>25. DATE REG. BY LOCAL REG. <u>6 24 63</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Ruth Song</u></p>	
<p>1800 East Linwood, Kansas City, Mo. (Indicate Ed. Mother's Statement on Reverse Side)</p>					

JUL 22 1963

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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 \_\_\_\_\_

Signature of Student Embalmer

Signed Blayd F. Dickerson

Licensed Embalmer No. 5120

P. O. Address KE 11, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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