

No. 300
10. 48

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32619**
Registrar's No. **1095**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 2 Hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington	
		d. STREET ADDRESS (If rural, give location) R.R. #7	

3. NAME OF DECEASED (Type or Print) VIRGIL H. CRAGUN			4. DATE OF DEATH October 23 1951		
a. (First)	b. (Middle)	c. (Last)	Date (Month)	Date (Day)	Date (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30, 1875	9. AGE (In years last birthday) 76	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Letter Carrier	10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (State or foreign country) Jordon, Minn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	# UNDER 24 HRS. Days	# UNDER 24 HRS. Hours

13a. FATHER'S NAME Enoch Cragun		13b. MOTHER'S MAIDEN NAME Penninah Davis		14. NAME OF HUSBAND OR WIFE Mona Cragun	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mona Cragun ADDRESS St. Joseph, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis			II. OTHER SIGNIFICANT CONDITIONS Aortitis, arteriosclerotic			?
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Coronary Sclerosis			
			DUE TO (b) _____			
			DUE TO (c) _____			
			Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 10-23, 1951, to 10-23, 1951, that I last saw the deceased alive on 10-23, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 301 W. 8th St. Joseph, Mo		23c. DATE SIGNED 10-24-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
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DATE REC'D BY LOCAL REG. OCT. 27, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Stamey Funeral Home, St. Joseph, Mo.
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NOV 15 1981

NOV 14 1981

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.

Signed C. Alan Cook

Signed _____
Student Embalmer

Licensed Embalmer No. 4670

P. O. Address Savannah Ga

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.