

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9015

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 122

143  
0

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>	
c. LENGTH OF STAY (in this place) <b>8 Days</b>		d. STREET ADDRESS (If rural, give location) <b>512 Bluff St.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rolla</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Craighead</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24 1953</b>
--	-----------------------	----------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 3, 1875</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer at State Hospital # 1</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital # 1</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hampsprairie, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
---	---	--	---

13a. FATHER'S NAME <b>George W. Craighead</b>	13b. MOTHER'S MAIDEN NAME <b>Callaway</b>	14. NAME OF HUSBAND OR WIFE <b>Susie</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Roy C. Craighead</b> ADDRESS <b>St. Louis, Mo.</b>
--	-------------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Terminal</b>		<b>2 1/2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis &amp; Coronary Occlusion</b>		<b>1 wk</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive C. V disease</b>		<b>4 yrs</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input 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) (Min.)	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 **Oct 1946 to X Mar, 1953**, that I last saw the deceased alive on **2 X Mar, 1953**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. C. [Signature]</b> (Degree or title)	23b. ADDRESS <b>Fulton Mo</b>	23c. DATE SIGNED <b>25 Mar 53</b>
---	-------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar-26-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton Mo</b>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Mar 25 1953</b>	REGISTRAR'S SIGNATURE <b>Maritta Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace Funeral Home</b> ADDRESS <b>Fulton, Mo</b>
---	---	--

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

**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 .....  
Student Embalmer

Signed *Wm E. Ferebee*

Licensed Embalmer No. *4870*

P. O. Address *Fulton 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 this body is not embalmed, fact should be so stated above.