

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1955

State File No. 11499

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5427 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boles-twp 1</u>		c. CITY OR TOWN <u>Pacific R. 2</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</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>R. 2 Pacific West Hwy 66</u>		e. STREET ADDRESS (If rural, give location) <u>R. 2 Pacific West Hwy. 66</u>	
3. NAME OF DECEASED (Type or Print) <u>ELTON MANTFORD CRAIG JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY, 1, 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Febr 27, 1952</u>
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ELTON CRAIG</u>		13b. MOTHER'S MAIDEN NAME <u>Louise DIXON</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELTON CRAIG R. 2 Pacific Mo</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Electrocution by picking up wet electrical cord</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9140 22</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>036</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>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pacific Boles Franklin Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1, 1955 4:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>When child picked up wire</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Coroner R. Ottmann</u>		23b. ADDRESS <u>Heard, Mo</u>	
23c. DATE SIGNED <u>May 1, 1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	
24b. DATE <u>5/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Country</u>	
24d. LOCATION (City, town, or county) (State) <u>Pacific Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo L. Shields</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>5-4-55</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Snider</u>	

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.....
Signature of Student Embalmer

Signed *Geo. L. Pikes*.....

Licensed Embalmer No. *300*.....

P. O. Address *Pa.*.....

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.