

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026095

STATE FILE NUMBER

FILED VS AUG 8 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 214

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>48 yrs</u>		c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>206 N.W.8th</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>206 N.W.8th Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Maggie</u> Middle <u>Craighead</u> Last <u></u>			4. DATE OF DEATH Month <u>August</u> Day <u>3</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. RACE <u>Negro</u>	7. MARRIAGE STATUS Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/22/89</u>	9. AGE (last birthday) <u>70</u>		10. IF UNDER 24 HR Months <u>10</u> Days <u>11</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>		11. BIRTHPLACE (City and state or country) <u>New Bloomfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Pete Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Murray</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Craighead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-34-2838</u>		17. INFORMANT Address <u>Miss. Hattie Holt, Fulton, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death due to natural causes</u> DUE TO (b) <u>Probable pulmonary embolism</u> DUE TO (c) <u>Probable intraabdominal carcinoma 1 1/2"</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u>Aug 3, 1960</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Fulton, Missouri</u>		STATE <u>MISSOURI</u>	
21. I attended the deceased from <u>Aug 3, 1960</u> and last saw her alive on <u>Aug 3, 1960</u> Death occurred at <u>3:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>George W. Groce M.D.</u>				22b. ADDRESS <u>Fulton, Mo.</u>		22c. DATE SIGNED <u>8/5/60.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/6/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Southside Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u>		
24. GENERAL DIRECTOR ADDRESS <u>Bogeth Green</u> <u>Fulton, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>Aug 6 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1960

SEP 13 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4220

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.