

FILED JAN 7 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42303

State File No.

Registration District No. 378

Primary Registration District No. 6258

Registrar's No. 22

## 1. PLACE OF DEATH:

(a) County Wayne  
 (b) City or town Burlbank Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution. (Specify whether

In this community lifetime  
years, months or days)3. (a) PRINT FULL NAME CHRISTOPHER C. CAITES

3. (b) If veteran, name war W. W. II. 3. (c) Social Security No. 333-03-0476

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased October 28, 1998  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 1 14 hr. min.

9. Birthplace Wayne Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer11. Industry or business agriculture12. Name Columbus Crites (1)

13. Birthplace Berry Co. Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Burns

15. Birthplace Berry Co. Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jay Crites(b) Address Lawrence

17. (a) burial (b) Date thereof Dec. 14, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Road Cemetery18. (a) Signature of funeral director. J. S. Marshall(b) Address Burnell Mo.

19. (a) Jan 3rd 1949 (b) Mabel Beasley  
 (Date received local registrar) (Registrar's signature) 378

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne  
 (c) City or town Burlbank Rural  
 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)If yes, name country 11

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
 year 1948 hour 12 minute 1 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck Duration

Due to tractor accident on farm

Due to g

Other conditions. (Include pregnancy within 3 months of death) 176 - 9

Major findings: Of operations 176 - 9

Of autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) accident 111(b) Date of occurrence Dec. 12, 1948

(c) Where did injury occur? Burlbank Wayne Mo  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm

While at work? yes (Specify type of place) (e) Means of injury tractor

23. Signature J. S. Marshall (M. D. or other) Coroner

Address Burnell Mo Date signed 12/14/48

RECEIVED

Dis. Dept. Exam. Officer No. 4  
License File Number 149-41  
Date Filed 1-6-49

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FEB 9 1949  
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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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Gris S Marshall*

Licensed Embalmer No. 4601

P. O. Address *Guemile, 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.**