

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27379**

59

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 2700 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Ludlow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Ludlow</u>	
c. LENGTH OF STAY (in this place) <u>76 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>one-half mile west Ludlow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>one-half mi. west Ludlow</u>			

3. NAME OF DECEASED (Type or Print) <u>HORACE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1949</u>		
a. (First)	b. (Middle)	c. (Last)	CRITCHFIELD	13	1949

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED* (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 13, 1873</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Richard Critchfield</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Conple</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. George Morse</u>	ADDRESS <u>Ludlow Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Inflation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>20 yrs</u> <u>265X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Appendicitis Chronic</u> DUE TO (c) <u>Diabetes</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Aug 10, 1949, to Aug 13, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo Morse M.D.</u> (Degree or title)	23b. ADDRESS <u>Ludlow Mo</u>	23c. DATE SIGNED <u>Aug 15</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ludlow, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>August 17, 1949</u>	REGISTRAR'S SIGNATURE <u>Lester L. Curing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michal</u>	ADDRESS <u>BRAYNER MO.</u>
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WRITE PLAINLY—USING UNFAADING 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.~~

Signed Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

~~Signed _____
Student Embalmer~~

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.