

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40043

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 41

914  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville,</u>		c. LENGTH OF STAY (In this place) <u>75 Yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville</u>		<u>116</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>B.</u> c. (Last) <u>Crider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 7 1949</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 7-1949</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 12 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Mansfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Henry Crider</u>	13b. MOTHER'S MAIDEN NAME <u>Jane B. Matlock</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Crider</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma Crider Hartville, Mo</u> ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>18 IX</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Sept 1, 1949, to Nov 7, 1949, that I last saw the deceased alive on Nov 7, 1949, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.R. Matlock M.D.</u> (Degree or title)	23b. ADDRESS <u>Hartville Mo</u>	23c. DATE SIGNED <u>11-19-49</u>
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24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-9-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Hartville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 19, 1949</u>	REGISTRAR'S SIGNATURE <u>E. Garner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Aldred</u> ADDRESS <u>Hartville Mo</u>
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RECEIVED NOV 21 1949  
District Health Office No. 6,  
District File Number 1149-1273  
Date Filed 11-30-49

NOV 21 1949  
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1149-1273

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 Gene E. Holden.....

Licensed Embalmer No. 3865.....

P. O. Address Hartsville, 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.