

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7954**

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	<u>0171</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 W. Washington</u>		d. STREET ADDRESS (If rural, give location) <u>205 W. Washington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ELMER</u> c. (Last) <u>CRITCHFIELD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 28, 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Oil Sup't.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Smelting Pipe Line Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Penn.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jesse Critchfield</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Taylor Critchfield</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. H. E. Waddell</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. E. Waddell</u>	ADDRESS <u>Carrollton, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>cause undetermined</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			<u>598X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan, 1950, to Feb 27, 1950, that I last saw the deceased alive on Feb 26, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Howard</u>	Degree or title	23b. ADDRESS <u>Carrollton, Mo</u>	23c. DATE SIGNED <u>3-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/15/50</u>	REGISTRAR'S SIGNATURE <u>Mo Herbert</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Calvert Handley</u>	ADDRESS <u>Gilson, Carrollton, Mo</u>
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WRITE: PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

102 Cash

0171

RECEIVED MAR 20

District Health Officer No. 8,

District File Number _____

Date Filed 3-20-50

MAR 21 1950

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 Bruce W. Gibson

Licensed Embalmer No. 2961

P. O. Address Camolletta Md

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.