

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 6 1950 STANDARD CERTIFICATE OF DEATH

12433
State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4166 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>	c. LENGTH OF STAY (If this place) <u>5 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u> <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Otto</u>		b. (Middle) <u>Emmett</u>	
c. (Last) <u>Critten</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11 1872</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Month <u>6</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
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>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Critten</u>	
13b. MOTHER'S MAIDEN NAME <u>Cementia Macy</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Critten</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. E. Critten, Gallatin, Mo.</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>venereal poison</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of prostate</u>			
DUE TO (c) <u>arterial sclerosis, Chronic Nephritis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>610X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar</u> , 19 <u>50</u> , to <u>April 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 18, 1950</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Huberley D. D. 2</u>		23b. ADDRESS <u>Gallatin, Mo.</u>	23c. DATE SIGNED <u>21 Apr 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-22-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centenary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Daviess Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>27 Apr 1950</u>	REGISTRAR'S SIGNATURE <u>Virginia M Engelhardt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>	ADDRESS <u>Gallatin, Mo.</u>

WRITE PLAINLY—USING UNFADING 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.

Student
Student Embalmer

Signed *L. O. Richesson* _____

Licensed Embalmer No. *3307* _____

P. O. Address *Gallatin, T.* _____

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.