

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14284

10-48  
940

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 607L Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FRENCH VILLAGE</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FRENCH VILLAGE 1941</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FRENCH VILLAGE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b> b. (Middle) <b>Cridley</b> c. (Last) <b>Cridley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 19 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb. 27, 1967</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>	11. BIRTHPLACE (State or foreign country) <b>St. Francis County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Chas. Cridley</b>		13b. MOTHER'S MAIDEN NAME <b>BACHDOLZ</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine Glaser</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Clifton W. Cridley French Village Mo</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>  <b>5 yrs</b>  <b>1221</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>April 12, 1950</b> , to <b>April 19, 1950</b> , that I last saw the deceased alive on <b>April 12, 1950</b> , and that death occurred at <b>3-17 m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Arthur E. Keyser, M.D.</b> (Degree or title)			23b. ADDRESS <b>St. Genevieve Mo</b>		23c. DATE SIGNED <b>4-19-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APR. 21, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. LAWRENCE</b>		24d. LOCATION (City, town, or county) (State) <b>LAWRENCETON Mo.</b>
DATE REC'D BY LOCAL REG. <b>April 20, 1950</b>		REGISTRAR'S SIGNATURE <b>289 Esther Rullhoff</b>		25. EMERALD DIRECTOR'S SIGNATURE AND ADDRESS <b>Bertram H. G. Boone, Jr. Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1938 52 1070

DEPARTMENT OF HEALTH OFFICE No. 4

Phone 450-599

MAY 1 1938

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Caroline Raywell*

Signed.....

Student Embalmer

Licensed Embalmer No. 3704

P. O. Address *Carroll Ave 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.