

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26006

BIRTH NO. _____		REG. DIST. NO. 22		PRIMARY REG. DIST. NO. 5112		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY OR TOWN <u>RURAL HORANCE TWP</u>				c. CITY OR TOWN <u>RURAL HORANCE TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR BURFORDSVILLE</u>				d. STREET ADDRESS <u>NEAR BURFORDSVILLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTIAN</u> b. (Middle) <u>C</u> c. (Last) <u>CRITES</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-1950</u>			
5. SEX <u>M. O.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>8-27-1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTH <u>1</u> DAY <u>12</u> HOUR <u></u> MIN. <u></u>		11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>DAVID CRITES</u>				13b. MOTHER'S MAIDEN NAME <u>SUSAN KIBLER</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DELMAR C. CRITES</u> ADDRESS <u>BURFORDSVILLE</u>	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FAILURE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>							
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) m.		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>Sept 6</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 6</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard H. Mitchem</u>				23b. ADDRESS <u>Lutesville, Mo.</u>		23c. DATE SIGNED <u>9-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESLEY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 11 1950</u>		REGISTRAR'S SIGNATURE <u>Willie Edna Quiburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>LUTESVILLE Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

SEP 13 1950

INSTITUTE IN OFFICE No. 6

The following.....

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 J. E. Graham

Signed.....
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Louisville, 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.