

FILED SEP 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29122

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston	
c. LENGTH OF STAY (If applicable) 18 Days 35 M		d. STREET ADDRESS (If rural, give location) 120 W. Gladys	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			
3. NAME OF DECEASED a. (First) Alice (Type or Print)		b. (Middle) _____ c. (Last) Critchlow	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 22, 1870
9. AGE (In years last birthday) 80		10. UNDER 1 YEAR (Months) 4	11. UNDER 24 HRS. (Hours) 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Epson, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Asa Boogher (dec)		13b. MOTHER'S MAIDEN NAME Elizabeth Myers (dec)	
14. NAME OF HUSBAND OR WIFE William C. Critchlow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Critchlow, Matthews, Mo.			

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 2 weeks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		US 21 2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis					
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 July 26, 1950, to Aug 13, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 8:05 pm m., from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Critchlow		23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED Aug 14, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-15-1950		24c. NAME OF CEMETERY OR CREMATORY CITY, CEM.	
24d. LOCATION (City, town, or county) (State) SIKESTON Mo		25. FUNERAL DIRECTOR'S SIGNATURE Weld Funeral Home - Sikeston, Mo		ADDRESS	
DATE REC'D BY LOCAL REG. Sept 1, 50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		ADDRESS welsh	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 5 1
SCOTT COUNTY HEALTH
CO. FILE NO. 950-

SEP 12 1950

JUN 3 1954
MAR 27 1953

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 Raymond Crews

Licensed Embalmer No. 3417

P. O. Address Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.