

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29389

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5113</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp.</u> c. LENGTH OF STAY (in this place) <u>18 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ballinger</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp.</u> d. STREET ADDRESS (If rural, give location) <u>near Patton</u> <u>0090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLOBA</u> b. (Middle) <u>RHOBA</u> c. (Last) <u>CRITES</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1950</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 8, 1891</u>	
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>8</u>		11. DAYS <u>13</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hump.</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Statler</u>				13b. MOTHER'S MAIDEN NAME <u>Fannie Leberg</u>		14. NAME OF HUSBAND OR WIFE <u>Tony E. Crites</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. E. Crites</u>		ADDRESS <u>Patton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐				INTERVAL BETWEEN ONSET AND DEATH <u>444X</u>			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 17th, 1950</u> , to <u>Sept 24th, 1950</u> , that I last saw the deceased alive on <u>Sept 22nd, 1950</u> , and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. Crites, M.D.</u>				23b. ADDRESS <u>Sealsawichville, Mo.</u>		23c. DATE SIGNED <u>9/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patton Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Patton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Willie Can...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>		ADDRESS <u>Lutesville</u>	

(Licensed Emballer's Statement on Reverse Side)

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

NOV 6 1931

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 *Luttsville, 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.