No. 300
10-48

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36401

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4099 Registrar's No. 173

190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill 0190
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Basil
b. (Middle): Huston
c. (Last): Crider

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Div
8. DATE OF BIRTH: March 5, 1879
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 8, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Peace officer
10b. KIND OF BUSINESS OR INDUSTRY: City Nite Watchman
11. BIRTHPLACE (State or foreign country): St James Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Basil H Crider
13b. MOTHER'S MAIDEN NAME: Minnie Hogue
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 499-09-7583
17. INFORMANT'S SIGNATURE OR NAME: Allen Crider — ADDRESS: Colecamp 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ante coronary occlusion
DUE TO (c): arterio - sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 min
4201

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7, 1950, *to* Nov 7, 1950, *that I last saw the deceased alive on* Nov 7, 1950, *and that death occurred at* 4 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerard Jaude Do 2
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 11/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-10-50
24c. NAME OF CEMETERY OR CREMATORY: Strasburg Cem
24d. LOCATION (City, town, or county) (State): Strasburg Mo.

DATE REC'D BY LOCAL REG.: Nov. 11, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE: J Virgil Herrick — ADDRESS: Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 18 1950
HEALTH DEPARTMENT

MAR 30 1951

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 J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill, M

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.