

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

134

State File No.

Registrar's No.

090

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5713 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY OR TOWN <u>Union Township</u>		c. CITY OR TOWN <u>Union Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bollinger County Mo. Home</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles north west of Patton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barney</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Crites</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 3, 1877</u>
9. AGE (In years last birthday) <u>73</u>		10. AGE (In years last birthday) <u>3</u> Months <u>3</u> Days <u>—</u> Hours <u>—</u> Mins. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Bollinger County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Crites</u>		13b. MOTHER'S MAIDEN NAME <u>Isabell Parks</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Crites</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Crites</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial (mental)</u> DUE TO (c) <u>Infantile 7 age</u> 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 <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) _____		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>DEC 17, 1950</u> , to <u>Jan 4, 1951</u> , that I last saw the deceased alive on <u>Jan 1, 1951</u> , and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. Wickman</u> (Degree or title) <u>D. 2</u>		23b. ADDRESS <u>Penwell Mo.</u>	
23c. DATE SIGNED <u>1/6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-6-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Yount Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Yount, Mo. (Bollinger County)</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 10 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adamson Funeral Service, Fredericktown</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 16 1951

DISTRICT HEALTH OFFICE No.

No.

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, ~~only~~

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Lyman W. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Fredricktown*

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.