

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4387

BIRTH NO. ....		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5440</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp.</u>		c. LENGTH OF STAY (in this place) <u>32 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twp.</u>		<u>U372</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bland, Mo. Rt.</u>				d. STREET ADDRESS (If rural, give location) <u>Bland, Mo. Rt.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Crider</u> c. (Last) <u>Crider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-1951</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 15, 1881</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 1 HRS. Hours <u>  </u> Min. <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>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Gasconade County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rye Crider</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Carroll</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Crider</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>***</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Brown Bland, Mo. Rt.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>  </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>12 days</u>  <u>443x</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)		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>Feb. 2</u> , 19 <u>51</u> , to <u>Feb. 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 2</u> , 19 <u>51</u> , and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. Keller</u> (Degree or title)				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>2-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Bland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/6/51</u>		REGISTRAR'S SIGNATURE <u>Darby Hallen</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael W. H. H. Owensville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 20 1951

RECEIVED

### 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 Mr.

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Myself H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.