

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32542

32542

FILED OCT 18 1951

BIRTH NO.		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5114		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wayne</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wayne</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Zalma, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Zalma, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES RICHARD</u> b. (Middle) <u>CRIDER</u> c. (Last) <u>CRIDER</u>				4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>22</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct. 12, 1933</u>	
9. AGE (In years, if under 1 year, last birthday) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moscow, Kentucky U.S.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Grady Crider</u>		13b. MOTHER'S MAIDEN NAME <u>Thornie Burkett</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Storey</u>		ADDRESS <u>Peray, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture broken neck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2234 32</u>			
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) <u>009</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 22 51 11:30 a.m.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Dec 11, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Morris</u> (Degree or title) <u>3rd Comm</u>				23b. ADDRESS <u>Kentwood, Mo.</u>		23c. DATE SIGNED <u>9/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berkenslager Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Zalma, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 12-51</u>		REGISTRAR'S SIGNATURE <u>William VanCinburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u>		ADDRESS <u>Advances</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 17 1951

DISTRICT HEALTH OFFICE No. 6

File 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, or by _____

William H. Morgan
working under my personal supervision.

Student Embalmer No.

Signed _____

William H. Morgan

Signed _____
Student Embalmer

Licensed Embalmer No. 4640

P. O. Address Advance, 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.