

FILED Nov 11 1951
accident

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37860

State File No.

178
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578

1. PLACE OF DEATH
a. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) Webb City Jasper

c. LENGTH OF STAY (In this place) 20yr

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of residence) 3 Miles East on hiway 66

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper

c. CITY (If outside corporate limits, write RURAL and give township) Webb City

d. STREET ADDRESS (If rural, give location) 313 East 2nd

3. NAME OF DECEASED
a. (First) EDWARD b. (Middle) E. c. (Last) KRIDER

4. DATE OF DEATH (Month) (Day) (Year)
November 9, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 5, 1908

9. AGE (In years last birthday) 43 IF UNDER 1 YEAR: Months 8 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder

10b. KIND OF BUSINESS OR INDUSTRY Welding

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Krider

13b. MOTHER'S MAIDEN NAME No data

14. NAME OF HUSBAND OR WIFE Mary Ellen Krider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 188-05-7553

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Gilliam Webb City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries Multiple, Extreme

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1. Compound fracture right tibia & fibula
2. Compound fracture mandible almost without union
DUE TO (c) 3. Crush injury chest
E 8164

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

INTERVAL BETWEEN ONSET AND DEATH 26

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 649

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #66

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Twp - Jasper Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 9 51 8:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Car collision on U.S. Highway 66 - death instantaneous

22. I hereby certify that I attended the deceased from and was present, 1951, that I last saw the deceased alive on 11-14-51, 1951, and that death occurred at 8:30 p.m. m., from the causes and on the date stated above.

23a. SIGNATURE Walter H. Hutcherson (Degree or title) Registrar

23b. ADDRESS Joplin Nat'l Bldg - Joplin Mo.

23c. DATE SIGNED 11-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 13, 1951

24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery

24d. LOCATION (City, town, or county) (State) Carterville Missouri

DATE REC'D BY LOCAL REG. Nov 13 51

REGISTRAR'S SIGNATURE Walter H. Hutcherson

25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis

ADDRESS Webb City, Mo.

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

490
3

RECEIVED 11-20-57
Jasper County Health Office

County File Number 51/11/856

Date Filed 11-20-57

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 Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Wells City, 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.