

U.S. No. 300 FILED NOV 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40522

1120
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>6262</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - W. Dallas</u>		c. LENGTH OF STAY (in this place) <u>46 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		<u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home North of Rogersville</u>				d. STREET ADDRESS (If rural, give location) <u>North of Rogersville R. 3</u>			
3. NAME OF DECEASED (Type or Print) FREDDIE AUSTIN CRIGER			a. (First) _____ b. (Middle) _____ c. (Last) _____			7. DATE OF DEATH (Month) (Day) (Year) <u>Nov-6-51</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 6 - 1897</u>	
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>10</u>		11. HOURS <u>10</u>		12. MINUTES _____	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Harvey Criger</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Pendergrass</u>		14. NAME OF HUSBAND OR WIFE <u>Helma Arkie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state war or dated service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Criger</u> ADDRESS <u>Rogersville R. 3.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Gastric</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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>Oct. 19, 1951</u> , to <u>Nov. 6, 1951</u> , that I last saw the deceased alive on <u>Nov. 3, 1951</u> , and that death occurred at <u>3 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.R. Macdonnell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>Nov. 8, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Panther Valley Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Rogersville, R. 3 Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-17-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Herrrell-Bergman</u> ADDRESS <u>Jordanland Mo.</u>			

DEC 11 1961

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 _____

working under my personal supervision.

Student Embalmer No.

Signed K. B. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland, 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.