

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7326

State File No.

FILED MAR 18 1952

BIRTH NO.		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5715		Registrar's No. 16					
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Whitewater</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Whitewater</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles N.W. Sedgewickville</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles N.W. Sedgewickville</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Crites</u> c. (Last) <u>Crites</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1952</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 26, 1888</u>					
9. AGE (In years) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Solomon Crites</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Crites</u>		14. NAME OF HUSBAND OR WIFE <u>Ed C. Crites</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Wahley Sedgewickville, Mo.</u> ADDRESS <u>770</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Calcified Corrosive's</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH _____				19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>416X</u>		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) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>Jan 1st</u> , 19 <u>51</u> , to <u>Feb 9th</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 8</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Edw Crites M.D.</u>				23b. ADDRESS <u>Sedgewickville Mo.</u>				23c. DATE SIGNED <u>4/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitewater Pres. Church</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Cracraft</u> ADDRESS <u>Jackson, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 5/1952</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Cracraft</u>		ADDRESS <u>Jackson, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Lynne Steele
Licensed Embalmer No. 7476

P. O. Address Jackson, 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.