

No. 300
10.48

FILED MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15806

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181 Registrar's No. 31-

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Ridge Apple Creek Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Ridge Apple Creek Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Apple Creek</u>		d. STREET ADDRESS (If rural, give location) <u>Streets not numbered</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>SMITH</u> c. (Last) <u>CRIDDLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1952</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 30, 1871</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>near Jackson</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm Selen Criddle</u>		13b. MOTHER'S MAIDEN NAME <u>Columbia Daugherty</u>	14. NAME OF HUSBAND OR WIFE <u>Minnieavenport Criddle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-32-9648</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. B. Criddle Oak Ridge 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>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema Pulmonary</u> 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 <u>5271</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>January, 1952</u> , to <u>May 18, 1952</u> , that I last saw the deceased alive on <u>May 18, 1952</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. D. Blaylock M.D.</u> (Degree or title)		23b. ADDRESS <u>Oak Ridge Mo.</u>	23c. DATE SIGNED <u>5-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE <u>May 21-52</u> <u>R. G. Lister</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Jackson Mo.</u>		

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

0160
1

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 Gene C. Croug.....

Licensed Embalmer No. 4327.....

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.