

S. No. 300
EV. 10-48

SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32355

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 33

0710
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY PULASKI	
b. CITY OR TOWN Rural - Moreau Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEONARD WOOD, MO	
c. LENGTH OF STAY (in this place) TRANSIT		d. STREET ADDRESS (If rural, give location) 0857	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. E. of VERSAILLES			

3. NAME OF DECEASED (Type or Print) a. (First) ACIE b. (Middle) J. c. (Last) CRIDER			4. DATE OF DEATH (Month) (Day) (Year) Sept 27 - 52		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH May 7 - 1926	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months 4 Days 2	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Army	10b. KIND OF BUSINESS OR INDUSTRY Sgt.	11. BIRTHPLACE (State or foreign country) Nashville, INO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME No Record	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes War II	16. SOCIAL SECURITY NO. RA 55909 204	17. INFORMANT'S SIGNATURE OR NAME Honorable Discharge of 1949	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fracture of skull		INTERVAL BETWEEN ONSET AND DEATH immediate
	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. E 8224 32		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Public Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moreau Twp Morgan, MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 27 - 52 1 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car overturned
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **LA.** m., from the causes and on the date stated above.

23a. SIGNATURE Gene A. Bartram (Degree or title) Coroner	23b. ADDRESS Versailles, Mo	23c. DATE SIGNED 9-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-27-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) LEONARD WOOD, MO
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DATE REC'D BY LOCAL REG. Sept 27 - 1952	REGISTRAR'S SIGNATURE J. L. Washburn, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kedwell ADDRESS Versailles, Mo
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By **Gene A. Bartram** (Physician or Embalmer's Statement on Reverse Side)

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 _____
Body was not embalmed at Versailles, Mo Student Embalmer No. _____
working under my personal supervision. *It turned over to U.S. Medical Corps, Ft Leonard Wood, Mo.*
Student Signed *Grace N. Denton*
Student Embalmer

Licensed Embalmer No. *4021*
P. O. Address *Versailles, 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.