S. No. 300
. 10.48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17083

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 612

1. PLACE OF DEATH
a. COUNTY: Buchanan 017
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt 044
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mound City 1
d. STREET ADDRESS (If rural, give location): Mound City

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Oneil
c. (Last): Criswell

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 15, ~~1896~~ 1898
9. AGE (In years last birthday): ~~58~~ 54 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realator
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (City and State or Foreign Country): Mound City, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: George S. Criswell
13b. MOTHER'S MAIDEN NAME: Annie L. Limpp
14. NAME OF HUSBAND OR WIFE: Mary Criswell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 480-20-6902
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss Blanche Criswell, Mound City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

"Will" does not mean the cause 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) Pulmonary Embolism, massive — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic Heart Disease — Unknown
DUE TO (c) — 416 X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pneumonitis, acute, right lower lobe, cause undetermined — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
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): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 3-15, 1950, *to* 5-26, 1953, *that I last saw the deceased alive on* 5-26, 1953, *and that death occurred at* 4:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen Sturman (Degree or title): M.D.
23b. ADDRESS: 706 Francis
23c. DATE SIGNED: 5-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/29/53
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State): Mound City, Missouri

DATE REC'D BY LOCAL REG.: May 28, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: James L. Crawford
ADDRESS: Mound City, Mo.

(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 James H Crawford

Licensed Embalmer No. 4796

P. O. Address Mound 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.

8 1953

JUL 30 1953

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Holt } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 17083
Local Registrar's No. 612

On this 5th day of June, 1953 before me appears Frances Blanche Criswell, who, upon her oath, states that the original record of ~~birth~~ death for James Oneill Criswell, died ~~born~~ May 26, 1953, in the State of Missouri, and which was filed at Jefferson City, on ....., 19....., should be corrected as follows:

Item No. 8 should read July 15, 1898

Instead of July 15, 1896

Item No. 9 should read 54

Instead of 56

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frances Blanche Criswell Sister
Relationship.

Maryville Mo
Present Address.

Subscribed and sworn to before me this 5th day of June, 1953.

My Commission Expires December 6, 1954

My Commission expires .....

Pauline Lawson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
P I X36867

S-17083