No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17621

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee
c. LENGTH OF STAY (in this place): 64 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 Davidson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee
d. STREET ADDRESS (If rural, give location): 213 DAVIDSON

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3. NAME OF DECEASED (Type or Print)
a. (First): EPHRIAM
b. (Middle): DAVID
c. (Last): CRITES

4. DATE OF DEATH (Month) (Day) (Year): MAY 13, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: JAN 20, 1876
9. AGE (In years last birthday): 78 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): CAPE GIRARDEAU COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALEXANDER CRITES
13b. MOTHER'S MAIDEN NAME: MELVINA PROPST
14. NAME OF HUSBAND OR WIFE: LENA KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Vina Fowler — ADDRESS: Alton, Ill

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) Chronic Myocarditis — Interval between onset and death: 5 yrs

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* — 2 Mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
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) m.:
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* May 22 *19*53 *to* May *19*54, *that I last saw the deceased alive on* May 10 *19*53, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. A. Bamfell (Type or Print) M.D.
23b. ADDRESS: Chaffee Mo
23c. DATE SIGNED: 5-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15, 1954
24c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY
24d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI

DATE REC'D BY LOCAL REG.: 5-15-54
REGISTRAR'S SIGNATURE: Mary Bragenzer 445 0
25. FUNERAL DIRECTOR'S SIGNATURE: Bisplinghoff Funeral Home — **ADDRESS**: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAY 17 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 554-92

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 Jack I. Burnett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.