

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28104

State File No.

FILED SEP 8 1954

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Higginsville		c. CITY OR TOWN Higginsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 18 W. 24th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 W. 24th St.			

3. NAME OF DECEASED (Type or Print)	a. (First) MATTIE	b. (Middle) C.	c. (Last) CRIGLER	4. DATE OF DEATH (Month) (Day) (Year) August 27 1954
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pulaski, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Bonner	13b. MOTHER'S MAIDEN NAME Vina Shefeld	14. NAME OF HUSBAND OR WIFE Charles Crigler
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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 Charles Crigler	ADDRESS Higginsville Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the head of the pancreas		6 mo.
	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 conditions causing death. Obstructive Jaundice			3 wks.

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March, 1954, to Aug 22, 1954, that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 4:15 p m., from the causes and on the date stated above.

23a. SIGNATURE Arthur E. Fulkerson M.D. (Degree or title)	23b. ADDRESS Higginsville Mo.	23c. DATE SIGNED Aug. 30, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 30 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery	24d. LOCATION (City, town, or county) (State) Higginsville Missouri
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DATE REC'D BY LOCAL REG. Sept 1-1954	REGISTRAR'S SIGNATURE Clayton W. Landrum 154	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Rader	ADDRESS Higginsville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Roy F. Wiegman*
Licensed Embalmer No. *288*
P. O. Address *Hingham*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.