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FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33240**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **375**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jackson MO 016</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>East Adams</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South East Mo. H.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mollie</b>	b. (Middle) <b>-</b>	c. (Last) <b>Crites</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17-54</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7-1878</b>	9. AGE (In years last birthday) <b>73</b>	If UNDER 1 YEAR Months <b>11</b> Days <b>21</b>	If UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Keeping House</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Michel Robinson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Shetley</b>	14. NAME OF HUSBAND OR WIFE <b>Warren Crites</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elmer Crites</b> ADDRESS <b>St Louis, Mo</b>
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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) <b>Coronary Thrombosis</b>		<b>1 year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholecystitis</b> DUE TO (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>585x</b>	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) (Min.)	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 **Sept 1, 1954** to **Oct 17, 1954** that I last saw the deceased alive on **Oct 17, 1954**, and that death occurred at **7:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. L. Shabazz M.D.</b>	23b. ADDRESS <b>Jackson MO</b>	23c. DATE SIGNED <b>10-14-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Russell Heights</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson MO</b>
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DATE REC'D BY LOCAL REG <b>10-19-54</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Deneke - Laird</b> ADDRESS <b>Jackson Mo</b>
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(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 R. O. Laird

Licensed Embalmer No. 4538

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.