

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22928

State File No.

FILED JUL 26 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (in this place) <u>3 Years</u>		d. STREET ADDRESS (If rural, give location) <u>107 North Elm St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>107 North Elm St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lem</u> b. (Middle) <u>Rolla</u> c. (Last) <u>Elkins Crittendom</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May, 19, 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter & Paper Hanger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting & Papering</u>		11. BIRTHPLACE (State or foreign country) <u>Union City, Tenn.</u>		12. COUNTRY OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Blake Crittendom</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Ellen Stanley</u>	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 war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-18-7710</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed Davis Sr.</u>	ADDRESS <u>Charleston, Mo.</u>
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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 <u>2 hr</u> <u>3 yrs 2 mo</u> <u>3 w +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>33IX</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General arterio-sclerosis</u>			

19a. DATE OF OPERATION <u>None</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1957, to 2/22, 1955, that I last saw the deceased alive on 2/22, 1955, and that death occurred at 1:58P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. Charles Robinson M.D.</u>	23b. ADDRESS <u>Charleston, Mo</u>	23c. DATE SIGNED <u>3/1/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-26-55</u>	REGISTRAR'S SIGNATURE <u>Jean Heames</u>	480-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>The Runnels Funeral Chapel</u>	ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 22 REC'D

RECEIVED

Miss. Co. Health Dept

County File No: _____

Date Filed JUL 25 1955

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: John P. Amundson
Licensed Embalmer No. 3851

P. O. Address Charleston

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.