

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30411**

FILED OCT 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **6969** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Fair Twn.</b>		c. LENGTH OF STAY (In this place) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Fair Twn.</b>	
		d. STREET ADDRESS (If rural, give location) <b>Near East Leavenworth</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Clifford</b> c. (Last) <b>Crigger</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-4-55</b>		
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5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb. 24, 1900</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days		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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Weston, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
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13a. FATHER'S NAME <b>John W. Crigger</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie Oswalt</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Norris</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-22-2032</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nellie Crigger Weston, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC ALCOHOLISM</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3221</b>					

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) m.		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Roland M. Giffey, Coroner</b>		23b. ADDRESS <b>Platte City, Mo.</b>		23c. DATE SIGNED <b>10-4-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-6-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Weston, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>10-5-55</b>		REGISTRAR'S SIGNATURE <b>Rphia Rallina</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Vaughn Funeral Home Weston, 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 W. R. Vaughn

Licensed Embalmer No. 8023

P. O. Address Weston, 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.