

FILED OCT 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31959**
Registrar's No. **142**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074**

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt. 1 Charleston	
c. LENGTH OF STAY (In this place) 2 MO.		d. STREET ADDRESS (If rural, give location) Rt. 1 Charleston, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bel Air Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Prussia	b. (Middle) King	c. (Last) Criss	4. DATE OF DEATH (Month) (Day) (Year) 9/15/55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1888	9. AGE (In years last birthday) 67	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) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Brunot, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Earl King	13b. MOTHER'S MAIDEN NAME Belle Amsden	14. NAME OF HUSBAND OR WIFE Roy Criss
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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) No	16. SOCIAL SECURITY NO. 151X	17. INFORMANT'S SIGNATURE OR NAME Earl Criss	ADDRESS Charleston, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 6 mo.?
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug. 1955**, to **9-15, 1955** that I last saw the deceased alive on **9-15, 1955**, and that death occurred at **4:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban M. D.	(Degree or title)	23b. ADDRESS Sikeston	23c. DATE SIGNED 10-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/17/55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 10-3-55	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	Funeral Director's Signature The Nunnelee Funeral Chapel	ADDRESS Charleston, Mo.
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DATE RECEIVED OCT 10 1955
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1055-213

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Liberton, 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.