

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH32485
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. <u>394</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson city</u>		c. LENGTH OF STAY (in this place) <u>?</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		<u>1160</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deals Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u></u>				
3. NAME OF DECEASED a. (First) <u>EMMA</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Crites</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-27-65</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Henry Kurke</u>			13b. MOTHER'S MAIDEN NAME <u>Martin</u>		14. NAME OF HUSBAND OR WIFE <u>C. J. Crites</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chattis Evans, Lonedell Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyelitis & Urinitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Don't know</u> DUE TO (c) <u>V</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>6000</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <u>June</u> , 19 <u>49</u> , to <u>Oct 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 9</u> , 19 <u>55</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. L. ...</u>				23b. ADDRESS <u>Jackson Mo.</u>		23c. DATE SIGNED <u>10-11-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson, Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-14-55</u>		REGISTRAR'S SIGNATURE <u>L. C. Sumner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Funeral Home</u>		ADDRESS <u>Jackson, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Thos. K. Allen

Licensed Embalmer No. 40557

P. O. Address Jackson, W.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.