

No. 300
10. 48

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9506

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. CITY OR TOWN WEBB CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 65 YRS		e. STREET ADDRESS (If rural, give location) 618 NORTH HALL	
d. FULL NAME OF HOSPITAL OR INSTITUTION 618 NORTH HALL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ADDISON c. (Last) CRIDER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 11, 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPTEMBER 11, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR: Months 6 Days 0	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JACOB CRIDER	13b. MOTHER'S MAIDEN NAME NO DATA	14. NAME OF HUSBAND OR WIFE BELLE CRIDER (DECEASED)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR CRIDER WEBB CITY, MISSOURI

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, asthma, 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) Medullary Paralysis		2 hours
	ANTECEDENT CAUSES Thrombotic Encephalomalacia with Cerebral Hemorrhage		9 days.
DUE TO (b) Arteriosclerosis		Unknown	
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 331x	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) 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 1-3, 1956, to 3-11, 1956, that I last saw the deceased alive on 3-2, 1956, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) [Signature]	23b. ADDRESS 624 W. Broadway, Webb City, Mo.	23c. DATE SIGNED 3/13/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 13, 1956	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY
		24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
DATE REC'D BY LOCAL REG. 3-13-56	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.

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

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RECEIVED MAR 19 1956
Jasper County Health Office
County File Number 5-6-3-250
Date Filed MAR 19 1956

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.....
Signature of Student Embalmer

Signed *L. J. Lewis*.....

Licensed Embalmer No. 4561

P. O. Address *W. Liberty*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.