

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12329

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5113</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PATTON</u>		c. LENGTH OF STAY (in this place) <u>40 YRS.</u>		c. CITY OR TOWN <u>PATTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>				e. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u>		b. (Middle) <u>MC PHERSON</u>		c. (Last) <u>CRITES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-25-1887</u>		9. AGE (In years) (Months) (Days) (If under 1 year last birthday) <u>68</u> <u>7</u> <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVAULT CRITES</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA A. RADER</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA C. CRITES, PATTON, MO.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>498-056380</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANNA C. CRITES PATTON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH _____							
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>Jan 1st</u> , 19 <u>16</u> , to <u>Apr 5th</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Apr 5th</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (If free or title) <u>Edw. Crites M.D.</u>				23b. ADDRESS <u>Georgetown, Mo.</u>		23c. DATE SIGNED <u>4/10/56</u>	
24a. BURIAL, CREMATION, REMOVAL <u>4-7-1956</u>		24b. DATE <u>4-7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PATTON CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PATTON MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-17-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Buford Crider</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME, LUTESVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1942 2 6 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 40

P. O. Address Lentersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.