

000
-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF REALITY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1957

STATE FILE NUMBER **3497**

Registration District No. **360** Primary Registration District No. **6225** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLASS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Pleasant Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE Hosp #3			Length of stay in 1b 7 yrs	d. STREET ADDRESS (If outside, give location) NOT LISTED		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Blanche Middle Venora Last Crider				4. DATE OF DEATH Month Jan Day 22 Year 1957				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 7 1924		9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 11 Days 16 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Ionia Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles T. Crider				14. MOTHER'S MAIDEN NAME Nora Lemons				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Hosp Records Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Amylotrophic Lateral Sclerosis							INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Mental Deficiency Severe							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from July 3 1949 to Jan 22 1957 and last saw them ^{her} alive on Jan 28 1957 Death occurred at 6:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Frank S. Cigand, M.D.				22b. ADDRESS State Hosp #3		22c. DATE SIGNED Jan 22 1957		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 24 Jan. 57	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		23d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.			
24. FUNERAL DIRECTOR Richard Shorten			ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 2-2-1957	26. REGISTRAR'S SIGNATURE Anna E. Perry		

(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.....
Signature of Student Embalmer

Signed *Robert C. McLeod*.....

Licensed Embalmer No. 485

P. O. Address *Nebraska*.....

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.