

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27963

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4190 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Bland</u> Yes ☒ No ☐		c. CITY OR TOWN <u>Bland</u> 0370 Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTE <u>at home</u> <u>15 yrs</u>		d. STREET ADDRESS (If outside, give location) Reside on Form <u></u> Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Judy Elizabeth Crite</u>		4. DATE OF DEATH Month Day Year <u>Aug 7 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>June 23-1869</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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></u>	
11. BIRTHPLACE (City and state or country) <u>Dongola - Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Stoner</u>		14. MOTHER'S MAIDEN NAME <u>Carrie Graham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT Address <u>Earl Crite</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARDIAL ANNOXIA</u> DUE TO (c) <u>CORONARY OCCLUSION</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Advanced Age</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 min</u> <u>4 hours</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. Month, Day, Year p. m.			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 <u>5-10-57</u> to <u>8-7-57</u> and last saw her alive on <u>8-6-57</u> Death occurred at <u>2:00</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Hedler DO</u> (Degree or title)		22b. ADDRESS <u>Bland, Mo</u>	
22c. DATE SIGNED <u>8-9-57</u>			
22d. BURIAL, CREMATION, REMOVAL (Specify)	23a. DATE <u>Aug 9-1957</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Dongola Cemetery</u>	23c. LOCATION (City, town, or county) (State) <u>Dongola - Ill</u>
24. FUNERAL DIRECTOR ADDRESS <u>St. Mary's Funeral Service</u> <u>Chas. J. Jansma</u>		25. DATE RECD. BY LOCAL RES. <u>August 12, 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No. 41

P. O. Address Bland

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.