

Health, & Welfare S. Public Health Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH.

44863 STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 160 Primary Registration District No. 559v State Registrar's No. 132

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM-Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN BARHART, MO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. JEFFERSON. 2 YRS Hosp. Length of stay in lb				d. STREET ADDRESS (If outside, give location) BOX 411 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MICHAEL Middle CRITTENDON Last				4. DATE OF DEATH DEC. 9 1957 Month Day Year			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH OCT 19 1956	
9. AGE (In years last birthday) 13		10. MONTH 13		11. DAY 13		12. HOUR 13	
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) ST. LOUIS, MO				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME FRANK CRITTENDON				14. MOTHER'S MAIDEN NAME CHARICE CLINTON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. ---		17. INFORMANT FRANK CRITTENDON Address Box 411 Barhart MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation - 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)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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 14/9/57 11:00 AM		Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION Joachim Twp. Jeff		COUNTY MO STATE MO	
21. I attended the deceased from Inquest to _____ and last saw her/him alive on _____ Death occurred at 11:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James C. Pugh D.C. Coroner (Degree or title)				22b. ADDRESS Fector MO		22c. DATE SIGNED 12/10/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR McLAUBHAIN FUNERAL HOME S.L. MO ADDRESS 2301 KA MISTLE				25. DATE RECD. BY LOCAL REG. 12-10-57		26. REGISTRAR'S SIGNATURE James G. Pridon	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 17 1957

JAN 3 1958

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 *Daniel J. Mah...*

Licensed Embalmer No. *43*

P. O. Address *Lebo...*

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.