

FILED OCT 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038557

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 194

300  
1-57

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Scott</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sikeston</b>                        |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Sikeston</b><br>1003   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp.</b> |  | Length of stay in 1b<br><b>9 Days</b>  | d. STREET ADDRESS (If outside, give location)<br><b>Dunn Hotel</b>                    |
|   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>DAVID</b> Middle <b>FERRY</b> Last <b>CRIDER</b> |  |  | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>19</b> Year <b>1958</b> |  |  |
|--|--|--|--|--|--|

|                       |                                  |   |                                      |  |   |                                |
|-----------------------|----------------------------------|---|--------------------------------------|--|---|--------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-25-1886</b> | 9. AGE (In years last birthday)<br><b>72</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min. |
|-----------------------|----------------------------------|---|--------------------------------------|--|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b> | 10b. KIND OF BUSINESS OR OCCUPATION<br><b>CARPENTER</b> | 11. BIRTHPLACE (City and state or country)<br><b>Metropolis, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|---|---|---|--|

|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br><b>Unknown</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b> |
|--------------------------------------|---|--|

|  |   |   |         |
|--|---|---|---------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give branch of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>446-01-0231</b> | 17. INFORMANT<br><b>Mr. Floyd Turner, Sikeston, Mo.</b> | Address |
|--|---|---|---------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CIRRHOSIS OF LIVER</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>UNKNOWN</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                         |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                          |  | 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|   |  |  |   |        |       |
|---|--|--|---|--------|-------|
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>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<br><b>5810</b> | COUNTY | STATE |
|---|--|--|---|--------|-------|

|  |  |
|--|--|
| 21. I attended the deceased from Death occurred at <b>9:45</b> on <b>10-10-58</b> and last saw her alive on <b>10-19-58</b> at <b>A</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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|  |                   |                                      |                                     |
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| 22a. SIGNATURE<br><b>Carl G. Popp M.D.</b> | (Degree or title) | 22b. ADDRESS<br><b>Sikeston, Mo.</b> | 22c. DATE SIGNED<br><b>10-19-58</b> |
|--|-------------------|--------------------------------------|-------------------------------------|

|  |                              |   |   |
|--|------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>10-21-58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I O O F Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Charleston, Mo.</b> |
|--|------------------------------|---|---|

|  |                                 |   |   |
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| 24. FUNERAL DIRECTOR<br><b>Nunnelee Funeral Chapel</b> | ADDRESS<br><b>Sikeston, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>10-21-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Max Collat Hunter</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED 10-27-58

NOV 8 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1058-245

NOV 8 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 Philip J. Cassidy  
Licensed Embalmer No. 4618  
P. O. Address St. Keenan, Mo

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.