

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 9 2 6

FILED VS. DEC 28 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1390

ENDED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Length of stay in 1b <u>1 WK.</u>	c. CITY OR TOWN <u>SPRINGFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BURGE Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1323 N GRANT</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles W. Krider</u>			4. DATE OF DEATH DEC. Month Day Year <u>12 - 22 - 59</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-89</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>23</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPELINE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TOPLIN, MO.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A</u>	

13a. FATHER'S NAME <u>GEORGE KRIDER</u>		13b. MOTHER'S MAIDEN NAME <u>TINNIE GAILBRATH</u>		14. NAME OF HUSBAND OR WIFE <u>WILBUR KRIDER AURORA, ILL.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>WILBUR KRIDER AURORA, ILL.</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>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
DUE TO (b) <u>Coronary Insufficiency</u>			<u>3-4 yrs.</u>
DUE TO (c) <u>Arterio sclerosis</u>			" "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 Month, Day, Year 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 12-5-59 to 12-22-59 and last saw ^{him} ~~her~~ alive on 12-21-59
Death occurred at 12 30/a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Albert P. Simpson M.D.</u>		22b. ADDRESS <u>388 Springfield Med Bldg, Springfield, Mo</u>		22c. DATE SIGNED <u>12-22-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SCOFIELD CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>DALLAS CO. MO</u>	

24. FUNERAL DIRECTOR <u>L.D. Jones</u>	ADDRESS <u>Buffalo, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-24-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Mettler</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1960

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 me, Student Embalmer No. 1 working under my personal supervision.

Student [Signature]
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, N.Y.

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.