

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007959

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 62

STATE FILE NUMBER

FILED APR 14 1961

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

3. NAME OF DECEASED (Type or print) First <u>Alvin</u> Middle <u>Vernon</u> Last <u>Critchett</u>			4. DATE OF DEATH Month <u>3</u> Day <u>30</u> Year <u>61</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/14/1898</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cass County</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	

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12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mr. L. Critchett</u>		13b. MOTHER'S MAIDEN NAME <u>Della Merlan</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ruth Critchett</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Critchett</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Critchett</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		INFORMANT <u>Ruth Critchett</u>		Address	
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>			<u>3 years</u>
DUE TO (c)			

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	
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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.	Month, Day, Year		

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
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21. I attended the deceased from Aug. 1959 to death and last saw her/him alive on 4 wks. ago.
Death occurred at 8:30 a.m. 3-30-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or title) <u>Carroll F. Witzel, D.O.</u>	22b. ADDRESS <u>Crighton, Mo.</u>	22c. DATE SIGNED <u>3-31-61</u>
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23a. BURIAL, CREMATORY, REMOVAL (Specify)	23b. DATE <u>4-3-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parker Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>near Crighton Mo</u>
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24. FUNERAL DIRECTOR <u>Bruce X Mahan</u>	ADDRESS <u>Union, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 3, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Ray Sebra</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 18 1961

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 A. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton

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.