

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033643

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 632

Primary Registration District No.

Registrar's No.

FILED SEP 24 1962

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Bollinger | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township | | c. CITY OR TOWN Union Township | |
| Length of stay in 1b 57 years | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Miles N.W. of Patton | | d. STREET ADDRESS 12 Miles N.W. of Patton | |
| 3. NAME OF DECEASED (Type or print) First MYRTLE Middle MAE Last CRITES | | 4. DATE OF DEATH Month September Day 15 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-31-1889 |
| 9. AGE (last birthday) 73 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Bollinger County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Calvin Waldrup | | 13b. MOTHER'S MAIDEN NAME Julia Ann Crites | |
| 14. NAME OF HUSBAND OR WIFE B.A. Crites (deceased) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Mrs. Mabel Crites - R.F.D. Patton, 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) Coronary Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Increasing Liver DUE TO (c) Hypertension & Atherosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 2 mos - 3 mos - 1 year - 5 years - |
| 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 7 a.m. Month, Day, Year Sept 15 1962 | 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 Sept 14 1962 to Sept 15 1962 and last saw her alive on Sept 14 1962 Death occurred at Sept 15 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) D. W. Adams | | 22b. ADDRESS Perryville Mo | |
| 22c. DATE SIGNED 9-16-62 | | 23. LOCATION (City, town, or county) (State) Perry County, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Sept. 17, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Yount Lutheran Cemetery | |
| 24. FUNERAL DIRECTOR ADDRESS F. W. Adams Fredericktown, Mo. | | 25. DATE RECD. BY LOCAL REG. 9/17/62 | |
| 26. REGISTRAR'S SIGNATURE Mrs. Buford Cramer | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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FILED 10 22 1937

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 *J. Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, 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.