

S. No. 2
M-2-43
5-17-39
X-1 X35967

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15954

State File No.

FILED JUN 10 1946

Registration District No.

Primary Registration District No. 3010

Registrar's No. 186

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether
In this community 59 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. SHERIDAN DRIVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

OSCAR O. CRITES

3. (b) If veteran, name war NO.
3. (c) Social Security No. 491-07-3907

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ wife EDITH CRITES
6. (c) Age of ~~husband~~ wife if alive 44 years
7. Birth date of deceased NOV 28 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>1</u>	hr. min.

9. Birthplace DAISY MO U
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business.....

MOTHER FATHER

12. Name Wm. B. CRITES
13. Birthplace DAISY MO U
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH DALTON
15. Birthplace DAISY MO U
(City, town, or county) (State or foreign country)

16. (a) Informant Wildon Crites
(b) Address Cape Girardeau, Mo.

17. (a) BURIAL (b) Date thereof MAY 31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LORIMIER CEMETERY

18. (a) Signature of funeral director M. S. Lorberg
(b) Address Cape Girardeau Mo.

19. (a) 5-31-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29
year 1946 hour 12 minute 10 A M.

21. I hereby certify that I attended the deceased from 5-10, 1946 to 5-29, 1946
that I last saw him alive on 5/28/46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cordiae Valvular DISEASE

Due to.....
Due to.....
Other conditions (Include pregnancy within 5 months of death).....

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place).....
(e) Means of injury.....

23. Signature C. C. Summers (M. D. or other) MD
Address Cape Girardeau Mo. Date signed 5/29/46

44 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14040

REIVED

District Health Officer No. 4
District File Number 646-2202
Date Filed 6-6-46

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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed A. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.