

FILED SEP 27 1948
Registration District No. **148 7**

Primary Registration District No. **3040**

Registrar's No. **120**

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chillicothe Hospital (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours
(Specify whether years, months or days)

In this community 9 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 908 Easton Street
(If rural, give location) J

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Roy Crigler

3. (b) If veteran, name war _____

3. (c) Social Security No. 707-14-6869

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1948 hour 2- minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 1- 1948, to Sept. 6 1948;
that I last saw him alive on Sept. 6 1948;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladys Rhoades

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 26 1891
(Month) (Day) (Year)

Immediate cause of death
Cerebral Embolus Duration 3 hrs.

Due to Auricular Fibrillation with

Due to Coronary Occlusion / month

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

57	6	11	hr. _____ min.
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9. Birthplace Denver, Colorado
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy 956

PHYSICIAN
I _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Pump Repair Foreman—Milwaukee

11. Industry or business _____

12. Name Oliver Crigler

13. Birthplace Marion County, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Hilligoss

15. Birthplace Sullivan County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Crigler
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 9-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) 9/8/48 (b) Francis B Null
(Date received local registrar) (Registrar's signature) 171

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 Joseph Conrad (M. D. or other) M.D.
Address Chillicothe, Date signed 9/8/48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

1948

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..... *Edna Rowan*

Licensed Embalmer No..... **4036**

P. O. Address..... **Chillicothe, Missouri.**

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.