

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32507  
Registrar's No. 135

FILED NOV 5 1948

Registration District No. 176 Primary Registration District No. 3020

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Gasconade 37  
(c) City or town Owensville 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Buford Adam Crites

3. (b) If veteran, name war None 3. (c) Social Security No. 497-05-4051

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Adrean Crites (nee Boesch) 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Dec. 27 1909  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 10 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lutesville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Mining And hauling

11. Industry or business Fire clay mine.

12. Name Adam Crites  
13. Birthplace Not Known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Cavaner  
15. Birthplace Dallas Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Buford Crites  
(b) Address Owensville Mo.

17. (a) Burial (b) Date thereof Oct. 31 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Owensville City Cem.

18. (a) Signature of funeral director Milford P. H. Wenter  
(b) Address Owensville Mo.

19. (a) 10-29-48 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1948 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 1947, to Oct. 28 1948  
that I last saw him alive on Oct. 27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Lesion Duration 8 hrs

Due to unknown

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

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) Means of injury \_\_\_\_\_

23. Signature Chas. A. Schmitt (M. D. or other) \_\_\_\_\_  
Address Reed Mo Date signed 10-27-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 4 1948

NOV 21 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 *M*

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

Signed *Myford N. N. Winter*

Licensed Embalmer No. *3838*

P. O. Address *Owensville 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.