

FILED APR 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13255

BIRTH NO. _____ REG. DIST. NO. 251i PRIMARY REG. DIST. NO. 5858 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hughes Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Skidmore	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home		d. STREET ADDRESS (If rural, give location) 3 mile north 1 mile west of	

3. NAME OF DECEASED (Type or Print) BERTHA JANE CRYDER			4. DATE OF DEATH (Month) (Day) (Year) 3 29 49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 1/2/91		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Graham, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George T. Cryder		13b. MOTHER'S MAIDEN NAME Ruth S. Moore		14. NAME OF HUSBAND OR WIFE None	
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'S SIGNATURE OR NAME ADDRESS Jonathan T. Cryder, Skidmore, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Upper Dorsal Kyphosis DUE TO (c) Moderate Hydrocephalus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1/9 2		INTERVAL BETWEEN ONSET AND DEATH 10 weeks ? years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/9 2		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 6, 1949, to March 29, 1949, that I last saw the deceased alive on March 25, 1949, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. C. Blevins		23b. ADDRESS D.O.H. Meitland, Mo.		23c. DATE SIGNED 3/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/31/49		24c. NAME OF CEMETERY OR CREMATORY Graham	
24d. LOCATION (City, town, or county) (State) Graham, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John W. Price Maryville, Mo.			
DATE REC'D BY LOCAL REG. 4-9-49		REGISTRAR'S SIGNATURE Bess Hall-229			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

74

00

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 _____

ROBERT L. SOUTER

Student Embalmer No. *309*

working under my personal supervision.

Student *Robert L. Souter*
Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.