

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3837**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5113** Registrar's No. **17**

0090

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

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Union Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Union Township 0090</b>	
c. LENGTH OF STAY (in this place) <b>26 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>7 mi. N.E. of Patton Mo 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 mi. N.E. of Patton</b>			
3. NAME OF DECEASED a. (First) <b>Glenn</b> b. (Middle) <b>Roy</b> c. (Last) <b>Crites</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 1, 1913</b>
9. AGE (In years last birthday) <b>36</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Bollinger Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Anthony Crites</b>		13b. MOTHER'S MAIDEN NAME <b>Murtle Waldrupe</b>	
14. NAME OF HUSBAND OR WIFE <b>Mabel Crites</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Crites - Yount, Mo.</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocarditis</b> DUE TO (c) <b>Diabetes Mellitus Nephritis (Chronic)</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>2-22</b> , 19 <b>50</b> , to <b>2-24</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2-24</b> , 19 <b>50</b> , and that death occurred at <b>4:45</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Old Weideman V. Do</b>		23b. ADDRESS <b>Tempsville Mo</b>	
23c. DATE SIGNED: <b>2/28/50</b>			
24a. BURIAL: CREMATION, REMOVAL (specify) <b>Burial</b>		24b. DATE <b>2/26/50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Yount Lutheran Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Yount, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 3 - 50</b>		REGISTRAR'S SIGNATURE <b>Willie Vandenberg</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb-Adamson</b>		ADDRESS <b>Fredericktown, Mo.</b>	

RECEIVED

MAR 7 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-327

**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 .....  
Student Embalmer

Signed *J. Jean 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 this body is not embalmed, fact should be so stated above.