

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11797**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 115			
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY SCOTLAND	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSKVILLE		c. LENGTH OF STAY (in this place) 9 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEMPHIS		0991			
d. FULL NAME OF HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL				d. STREET ADDRESS (If rural, give location) 132 NORTH ADAMS				1	
3. NAME OF DECEASED (Type or Print)			a. (First) George		b. (Middle) Mabel		c. (Last) CRIOL		
4. DATE OF DEATH		(Month) 4		(Day) 26		(Year) 50			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-21-1898			
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 4		IF UNDER 12 HRS. Days 7		Hours 7			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK AND			10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE			11. BIRTHPLACE (State or foreign country) DAVIS COUNTY, IA			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME WILLIAM HENRY RICE		13b. MOTHER'S MAIDEN NAME VICTORIA B. RUSE		14. NAME OF HUSBAND OR WIFE ROSS R. CRIOL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-07-4231		17. INFORMANT'S SIGNATURE OR NAME Ross R. Criol				ADDRESS MEMPHIS, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION, I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple and final massive pulmonary embolism						INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES		DUE TO (b) Undetermined origin as autopsy refused						58HX	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS - Chronic cholecystitis and cholelithiasis							
Conditions contributing to the death but not related to the disease or condition causing death.		Chronic cholecystitis and cholelithiasis (cholecystectomy & appendectomy)						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 4-18-50		19b. MAJOR FINDINGS OF OPERATION							
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 4-17-50 , to 4-26-50 , 19 50 , that I last saw the deceased alive on 4-26-50 , 19 50 , and that death occurred at 11:18A. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Carl Laughlin Jr. M.D.				23b. ADDRESS Kirksville, Mo.			23c. DATE SIGNED 4-28-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Memphis		24d. LOCATION (City, town, or county) (State) Mo			
DATE REC'D BY LOCAL REG. 5-1-50		REGISTRAR'S SIGNATURE Wato Lambert			25. GENERAL DIRECTOR'S SIGNATURE W. Wayne Jones				
					ADDRESS Memphis				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.480012
0

JAN 9 1959

RECEIVED MAY 8 1950
District Health Officer No. 10
District File Number 5-50-780
Date Filed

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 P. D. Payne

Licensed Embalmer No. 2196

P. O. Address Memphis

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.