

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11822**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION Apr 532 S Benton		d. STREET ADDRESS (If rural, give location) 532 S Benton	

3. NAME OF DECEASED (Type or Print) Barbra Susian Crites	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH April 26 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 9 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months — Days 16	IF UNDER 4 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Daisy Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Henry Habs	13b. MOTHER'S MAIDEN NAME Katheran Kibler	14. NAME OF HUSBAND OR WIFE Fred Crites
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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 Louis Jaeger Daisy Mo.	ADDRESS
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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) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardium DUE TO (c) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/10, 1957, to 4/25, 1957, that I last saw the deceased alive on 4/25, 1957, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Cape Girardeau	23c. DATE SIGNED 4/27/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 27 1951	24c. NAME OF CEMETERY OR CREMATORY Sargents Chapel	24d. LOCATION (City, town, or county) (State) Cape Girardeau County Mo
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DATE REC'D BY LOCAL REG. 4-30-1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	44	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Jackson Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0164

MAY 18 1951

RECEIVED

MAY 7 1951

DISTRICT HEALTH OFFICE No. 6

No.

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

working under my personal supervision.

Student Embalmer No.

Signed Bill Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Jackson Ma

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.