

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29703
71

FILED SEP 18 1951

52

5181

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased/lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY OR TOWN <u>Rural Applecreek</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural Applecreek</u>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi West Daisy</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi West Daisy</u>			
3. NAME OF DECEASED (Type or Print) <u>Ransom</u>			b. (Middle) <u>Crites</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1951</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 16 1863</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Daniel Crites</u>		13b. MOTHER'S MAIDEN NAME <u>Racine Staller</u>		14. NAME OF HUSBAND OR WIFE <u>Matilda Crites Dec.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Seabough Daisy Mo</u>			
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) <u>Mycocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>4222</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 30 1951</u> to <u>Aug 30 1951</u> , that I last saw the deceased alive on <u>Aug 30 1951</u> , and that death occurred at <u>3:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Eduis Crites</u>		(Degree or title)		23b. ADDRESS <u>Wm Seabough Chubb Dr Sgt 4 47</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 1 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sargent's Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 10 51</u>		REGISTRAR'S SIGNATURE <u>H. G. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seabough-Haird Jackson</u>		ADDRESS	

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

RECEIVED

SEP 17 1951

DISTRICT HEALTH OFFICE No. 6

File 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.....

R. O. Laird

Signed.....

Student Embalmer

Licensed Embalmer No. *4538*

P. O. Address *Jackson, Ms.*

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.