

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15807**

FILED JUN 10 1952

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5184** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Whiteville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville Mo 0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Miles SW Millamille		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)
a. (First) **HENRY** b. (Middle) **CRITES** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **May 31-1952**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Feb 8, 1861** 9. AGE (In years last birthday) **91** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **General Farming** 11. BIRTHPLACE (State or foreign country) **Sedgewickville Mo** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Daniel Crites** 13b. MOTHER'S MAIDEN NAME **Catherine Statter** 14. NAME OF HUSBAND OR WIFE **Rebecca Parks Crites**

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 **Lee Jackson Millerville 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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Went Kneec**
DUE TO (c) **V**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **V**
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4500** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 1, 1952** to **May 31, 1952**, that I last saw the deceased alive on **May 25, 1952**, and that death occurred at **8:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **W. J. R. ...** (Degree or title) _____ 23b. ADDRESS **... Mo** 23c. DATE SIGNED **6-6-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 7-52** 24c. NAME OF CEMETERY, OR CREMATORY **Sargent Cemetery** 24d. LOCATION (City, town, or county) (State) **near Sedgewickville**

DATE REC'D BY LOCAL REG. **June 6-52** REGISTRAR'S SIGNATURE **D. G. Seibert** 25. FUNERAL DIRECTOR'S SIGNATURE **Miller Jackson** ADDRESS _____

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

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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 Gene C. Crockett

Licensed Embalmer No. 4527

P. O. Address Jackson, 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.