

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **25405**  
 Registrar's No. **180**

FILED AUG 11 1952

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>180</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph 0883</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly 0883</b>		d. STREET ADDRESS (If rural, give location) <b>1116 Buchanan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1116 Buchanan</b>				d. STREET ADDRESS (If rural, give location) <b>1116 Buchanan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>H.</b> c. (Last) <b>Criss</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 15 1952</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 25 1868</b>	
9. AGE (In years last birthday) <b>83</b>		10. MONTHS <b>10</b>		11. DAYS <b>6</b>		12. HOURS <b>6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd. Car. Repairer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>J.R. Criss Moberly, 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>Heart Attack</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>advanced age and exertion did in his sleep but had no order that day</b> DUE TO (c) <b>cleaning his house</b>  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 checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:00</b> am., from the causes and on the date stated above.							
23a. SIGNATURE <b>Thos. E. Barriss</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>Moberly Mo</b>		23c. DATE SIGNED <b>Aug 20 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-3-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-3-52</b>		REGISTRAR'S SIGNATURE <b>Charles E. Barriss</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Mahan and Son</b>		ADDRESS <b>Moberly, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Frank D. D'Witt

Licensed Embalmer No. 3021

P. O. Address Proberly Ave

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.