

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5738
State File No. 10552

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5739 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Mason Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mason</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ladatta Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladatta Township</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>Ladatta Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Alice</u> c. (Last) <u>Criff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 2-1894</u>	9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife on farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>	
12. CITIZEN OF WHAT COUNTRY? <u>England</u>			12. CITIZEN OF WHAT COUNTRY? <u>England</u>		

13a. FATHER'S NAME <u>William H. Criff</u>		13b. MOTHER'S MAIDEN NAME <u>Bess Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Roy Chadwell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Roy Chadwell</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastasis</u>		DUE TO (b) <u>cause of breast</u>				<u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				<u>3 yrs.</u>	
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: <u>170x</u>				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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Jan. 15, 1953, to Mar. 29, 1953, that I last saw the deceased alive on Mar. 29, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold D. Lebs</u> (Deputy or Title)			23b. ADDRESS <u>Ladatta Mo.</u>			23c. DATE SIGNED <u>3-30-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladatta</u>		24d. LOCATION (City, town, or county) (State) <u>Ladatta Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 1-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. B. Griffin</u> 196		FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u>		ADDRESS <u>Ladatta Mo.</u>		

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

JUL 23 1953

RECEIVED 4. 8. 53
MACON COUNTY HEALTH DEPARTMENT
County File No. 4. 53. 76
Date Filed 4. 8. 53

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 D. J. Christie

Licensed Embalmer No. 1109

P. O. Address LaPlata 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.