

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44363**

FILED JAN 19 1955

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **6152** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY STODDARD			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY STODDARD		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PIKE TWP.		c. LENGTH OF STAY (In this place) 18 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PIKE TWP.		1030
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR BELL CITY			d. STREET ADDRESS (If rural, give location) NEAR BELL CITY		
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) ANDREW c. (Last) CRITES			4. DATE OF DEATH (Month) (Day) (Year) 12-28-54		
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-1-1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 8 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (State or foreign country) BOLLINGER Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOEL CRITES		13b. MOTHER'S MAIDEN NAME ADELINE KILLIAN		14. NAME OF HUSBAND OR WIFE VIDA K. 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. _____	17. INFORMANT'S SIGNATURE OR NAME _____ 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hours.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.	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 **6:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray W. Rainey, Coroner		23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 1-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-30-54	24c. NAME OF CEMETERY OR CREMATORY BAKER CEM.	24d. LOCATION (City, town, or county) (State) LUTESVILLE, MO.		
DATE REC'D BY LOCAL REG. Jan 4, 1955	REGISTRAR'S SIGNATURE Doyance Moore	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME LUTESVILLE, MO			

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

APR 19 1944

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrell, 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.