

STANDARD CERTIFICATE OF DEATH

State File No. **12645**

FILED APR 21 1955

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 weeks		e. STREET ADDRESS (If rural, give location) 1218 Church St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) HENRY	c. (Last) CRIGAMIRE	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 31, 1863	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent	10b. KIND OF BUSINESS OR INDUSTRY Lime company	11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Henry H. Crigamire	13b. MOTHER'S MAIDEN NAME Anna Hale	14. NAME OF HUSBAND OR WIFE Sophia Crigamire
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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 AND ADDRESS Hannibal, Mo. Sophia Crigamire, 1218 Church,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchial pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intertrochanteric fracture right femure DUE TO (c) _____		20 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9040 21	

19a. DATE OF OPERATION 3/25/55	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture right fracture. Open reduction.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOME 3/23/55	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion 119 Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/ 23/55 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR fell at home.
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22. I hereby certify that I attended the deceased from **3/23/55**, 19**55**, to **4/12/55**, 19**55**, that I last saw the deceased alive on **4/12/55**, 19**55**, and that death occurred at **12:05p.**, from the causes and on the date stated above.

23a. SIGNATURE  (Degree or title) M.D.	23b. ADDRESS Hannibal, Missouri	23c. DATE SIGNED 4/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/14/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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DATE REC'D BY LOCAL REG. 4-18-55	REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Schwartz - Hannibal, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 19 1955
MARION CO. HEALTH DEPT.
DATE FILED APR 19 1955

DEC 13 1955

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.....
Signature of Student Embalmer

Signed *Jack Sidman*.....
Licensed Embalmer No. *4900*

P. O. Address *Hannibal*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.