

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1955

State File No. **38125**  
Registrar's No. **9767**

**318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>25 1418 N. 8th St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DOSS</b>		b. (Middle) <b>WILLIAM</b>		c. (Last) <b>CRITES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7 1955</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 26, 1893</b>			
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk-Railway Express Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Salem, Mo.</b>			
13a. FATHER'S NAME <b>James M. Crites</b>			13b. MOTHER'S MAIDEN NAME <b>Lula Farrar</b>			14. NAME OF HUSBAND OR WIFE <b>Adele M. Crites</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adele M. Crites 1418 N. 8th St.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brechi Sarcoid</b>				INTERVAL BETWEEN ONSET AND DEATH	
				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. <b>Coronary Arterio sclerosis.</b>				<b>2 years</b>	
19a. DATE OF OPERATION <b>Oct. 14, 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Sarcoid cells found in VIII dorsal vertebra. 138.0</b>				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) _____		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 <b>Oct. 15</b> , 19 <b>53</b> , to <b>Nov. 7</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Nov. 6</b> , 19 <b>55</b> , and that death occurred at <b>5:00A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Hiram L. Hight</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>3720 Wash St Bldg</b>		23c. DATE SIGNED <b>11/8/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>		24b. DATE <b>11-10-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Salem, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>NOV 8 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>					

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.....  
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No... *722*

P. O. Address *4220 S. King*

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.