

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21136**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **5702** Registrar's No. **137**

1. PLACE OF DEATH a. COUNTY LIVINGSTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LIVINGSTON			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL MOORESVILLE TWP.		c. LENGTH OF STAY (In this place) 14 YRS		c. CITY OR TOWN MOORESVILLE TWP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MI. NE BRECKENRIDGE, MO.				e. STREET ADDRESS (If rural, give location) 4 MI. NE BRECKENRIDGE, MO.			
3. NAME OF DECEASED (Type or Print) ROBERT ELLIS CRITCHFIELD			4. DATE OF DEATH (Month) (Day) (Year) 6/20/1956				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 8/29/1875		9. AGE (In years last birthday) 80	if UNDER 1 YEAR Months _____ Days _____	if UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) LIVINGSTON CO., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN CRITCHFIELD		13b. MOTHER'S MAIDEN NAME REBECCA ANDERSON		14. NAME OF HUSBAND OR WIFE SINGLE			
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 FRANCIS SCANLON BRECKENRIDGE, MO.			
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) Coronary Occlusion				Instant	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Arterial Sclerosis				Indefinite	
		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) 4201			
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 March 19 , to _____, 19____, that I last saw the deceased alive on June 20, 1956 , and that death occurred at 8A m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph A. Conrad M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED June 26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/23/1956	24c. NAME OF CEMETERY OR CREMATORY CRITCHFIELD CEMETERY		24d. LOCATION (City, town, or county) (State) LIVINGSTON CO., MO.		
DATE REC'D BY LOCAL REG. 6/26/56		REGISTRAR'S SIGNATURE Frances A. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Geneb. Michael Grayson, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

71-0

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 Body Was Not Embalmed....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Leuel Michael.....

Licensed Embalmer No. 434

P. O. Address Braym...

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.