

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2568**

| | | | | | | | |
|--|--|---|---|---|--|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 32 | | PRIMARY REG. DIST. NO. 5113 | | Registrar's No. 19 | |
| 1. PLACE OF DEATH a. COUNTY Bollinger | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Bollinger | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Patton, Mo. | | c. LENGTH OF STAY (in this place) Life | | c. CITY OR TOWN Patton 0090 | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | e. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) Jane c. (Last) Crites | | | 4. DATE OF DEATH (Month) (Day) (Year) March 14, 1957 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec. 10, 1871 | |
| 9. AGE (In years last birthday) 85 | | 10. UNDER 1 YEAR Months _____ Days _____ | | 10. UNDER 24 HRS. Hours _____ Min. _____ | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Bollinger Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Henry Hahs | | | 13b. MOTHER'S MAIDEN NAME Elizabeth | | 14. NAME OF HUSBAND OR WIFE Roland 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Crites Patton, Mo. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo. Carditis ANTECEDENT CAUSES Chronic Bronchitis 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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) 5021 | | | |
| 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 1, 1950 , to Mar 14, 1957 , that I last saw the deceased alive on Mar 12, 1957 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Edw. Crites M.D. | | | | 23b. ADDRESS Sedgebrookville Mo. | | 23c. DATE SIGNED 3/18/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 16, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Patton Cemetery | | 24d. LOCATION (City, town, or county) (State) Patton, Missouri | |
| DATE REC'D BY LOCAL REG. 3/21/57 | | REGISTRAR'S SIGNATURE Mr. Buford Crater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo. | | | |

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

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 *Walter Young*.....

Licensed Embalmer No. *4022*

P. O. Address *Perryville*

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.