

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28758**

No. 300
10-48

FILED AUG 26 1957
BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3043** Registrar's No. **3226**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY MARION			a. STATE MISSOURI		b. COUNTY MONROE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. LENGTH OF STAY (in this place) 16 DAYS	c. CITY OR TOWN RURAL - JEFFERSON TWP.		d. Is Residence within limits of a city or incorporated town? NO
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSP.			e. STREET ADDRESS (If rural, give location) RT. 1, MONROE CITY, MO.		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) LESLIE	b. (Middle) OTIS	c. (Last) CRIGLER	(Month) AUG.	(Day) 10	(Year) 1957

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 6, 1882	9. AGE (in years) 75	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and State or Foreign Country) MONROE Co., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WM L. CRIGLER	13b. MOTHER'S MAIDEN NAME ALICE JANE PARIS	14. NAME OF HUSBAND OR WIFE CORDIE L. CRIGLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> YES	16. SOCIAL SECURITY NO. 492-42-6512	17. INFORMANT'S SIGNATURE OR NAME JAS. CRIGLER	ADDRESS MONROE CITY, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Inferior Vena		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	b) Multiple Emboli		
	c) Dissection of Prostate		
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 610X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Aug 1, 1957, to Aug 10, 1957, that I last saw the deceased alive on Aug 10, 1957, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS St. Louis, Mo.	23c. DATE SIGNED 8-20-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 13 1957	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 8-21-57	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS PARIS, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED AUG 22 1957

MARION CO. HEALTH DEPT

DATE FILED AUG 22 1957

AUG 27 1957

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..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.