

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

156

FILED JAN 28 1958

STATE FILE NUMBER

Registration District No. 32 Primary Registration District No. 5115 Registrar's No. 6

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Bollinger</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedgewickville</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Bollinger</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sedgewickville</b>		Length of stay in 1b <b>28 Yrs.</b>		c. CITY OR TOWN <b>Sedgewickville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Jesse</b>		Middle		Last <b>Crites</b>		Month Day Year <b>Jan. 20, 1958</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 27, 1871</b>	
9. AGE (In years last birthday) <b>86</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and state or country) <b>Sedgewickville</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Peter Crites</b>		14. MOTHER'S MAIDEN NAME <b>Mahala Crites</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Clyde Crites</b> Address <b>Cape Girardeau, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>4201</b>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Sedgewickville</b>				COUNTY STATE	
21. I attended the deceased from <b>Dec 5th 1956</b> to <b>Jan 19th 1958</b> and last saw him alive on <b>Jan 19th 1958</b> . Death occurred at <b>2 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Jesse Crites M.D.</b>				22b. ADDRESS <b>Sedgewickville Mo.</b>		22c. DATE SIGNED <b>1/22/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 22, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sargents Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Sedgewickville Mo.</b>	
24. FUNERAL DIRECTOR <b>S. C. Cracraft</b>		ADDRESS <b>Jackson, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/24/58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs Buford Crader</b>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *James Staud*  
Licensed Embalmer No. *74*

P. O. Address *James*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.