

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020862
State File No.

FILED JUL 1 1958

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5115 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Whitewater</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Whitewater</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Sedgewickville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sedgewickville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>C.</u> c. (Last) <u>CYTES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 15, 1887</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Henry Crites</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Friese</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Crites</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Seabough, Friedheim</u>	
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) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input 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) <u>4201</u>	
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 14, 1956, to June 13, 1958, that I last saw the deceased alive on June 10, 1958, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Crites M.D.</u>		23b. ADDRESS <u>Sedgewickville Mo.</u>		23c. DATE SIGNED <u>6/17/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 16, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. C. Cracraft Jackson, Mo.</u>			

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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 4527

P. O. Address *[Handwritten Address]*

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 this body is not embalmed, fact should be so stated above.