

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008655

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 109

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|                                                                                                                                                                                                                                          |                              |                                                                                                                                                             |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>                                                                                                                                                                                     |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>                      |                                                                                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jackson Mo.</u>                                                                                                                                                  |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | c. CITY OR TOWN <u>Jackson Mo.</u>                                                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Hwy 61 East.</u>                                                                                                                                       |                              | Length of stay in lb                                                                                                                                        | d. STREET ADDRESS (If outside, give location)<br><u>Hwy 61 East.</u>                              |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Louis</u> Middle <u>Oda</u> Last <u>Crites</u>                                                                                                                                           |                              |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>23</u> Year <u>1959</u>                             |
| 5. SEX<br><u>m</u>                                                                                                                                                                                                                       | 6. COLOR OR RACE<br><u>w</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 21 1890</u>                                                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Park &amp; Eat.</u>                                                                                                                    |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Serving Public</u>                                                                                                  | 9. AGE (In years last birthday)<br><u>68</u>                                                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Cape Girardeau Mo.</u>                                                                                                                                                                  |                              | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                                                                                             |                                                                                                   |
| 13a. FATHER'S NAME<br><u>David Crites</u>                                                                                                                                                                                                |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Hahs</u>                                                                                                               | 14. NAME OF HUSBAND OR WIFE<br><u>Anna Crites</u>                                                 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No.</u>                                                                                                                  |                              | 16. SOCIAL SECURITY NO.<br><u>43-063-8192</u>                                                                                                               | 17. INFORMANT Address<br><u>Anna Criter Hwy 61 East Jackson mo</u>                                |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiac Failure</u>                                                                                  |                              |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><u>seconds</u>                                                |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Massive Coronary Occlusion.</u>                                                                                              |                              |                                                                                                                                                             | <u>seconds</u>                                                                                    |
| DUE TO (c) <u>4201</u>                                                                                                                                                                                                                   |                              |                                                                                                                                                             |                                                                                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cirrhosis of the liver, Essential Hypertension</u>                                               |                              |                                                                                                                                                             | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                                  |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                                                                                   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.                                                                                                                                                                                        |                              | 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE                                                                                                                   |                                                                                                   |
| 21. I attended the deceased from <u>12-21-56</u> to <u>Mar 20/59</u> and last saw him alive on <u>Mar 20/59</u><br>Death occurred at <u>4:25 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                              |                                                                                                                                                             |                                                                                                   |
| 22a. SIGNATURE (Doctor or title)<br><u>Walter W. Hunter D.O.</u>                                                                                                                                                                         |                              | 22b. ADDRESS<br><u>1048 Washington St. Jackson Mo.</u>                                                                                                      | 22c. DATE SIGNED<br><u>3-26-59</u>                                                                |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                               | 23b. DATE<br><u>3-28-59</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>                                                                                                  | 23d. LOCATION (City, town, or county) (State)<br><u>4 Mi. East Jackson Mo.</u>                    |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Deneke-Laird Jackson Mo.</u>                                                                                                                                                                          |                              | 25. DATE RECD. BY LOCAL REG.<br><u>3-26-59</u>                                                                                                              | 26. REGISTRAR'S SIGNATURE<br><u>Queen Koster</u>                                                  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *P. O. Laine* .....

Licensed Embalmer No. *4533* .....

P. O. Address *Jackson, Mo.* .....

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.