

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007884

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 118 STATE FILE NUMBER

AMENDED

FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY Cape Girardeau c. FULL NAME OF HOSPITAL OR INSTITUTION GEMO Hospital 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Cape Gir. c. CITY OR TOWN Cape Girardeau d. STREET ADDRESS 1424 Wayne St.

3. NAME OF DECEASED Donald Harold Crittendon 4. DATE OF DEATH March 21, 1961 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-14-1936 9. AGE 24 10a. USUAL OCCUPATION Policeman 10b. KIND OF BUSINESS OR INDUSTRY Law Enforcement 11. BIRTHPLACE Piggott, Arkansas 12. CITIZEN OF WHAT COUNTRY U.S.A. 13a. FATHER'S NAME Elza H. Crittendon 13b. MOTHER'S MAIDEN NAME Pauline Bradshaw 14. NAME OF HUSBAND OR WIFE Roceda Lillard Crittendon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? YES 1955-57 17. INFORMANT Roceda Crittendon Cape Gir., Mo.

18. CAUSE OF DEATH PART I. IMMEDIATE CAUSE (a) Pulmonary-Cardiac Failure (b) Gun Shot Wound of Abdomen and Thorax, Penetrative Wound (c) Eczema INTERVAL BETWEEN ONSET AND DEATH 24 hr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Blood Dyscrasia - Etiology Unknown PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [X] 20a. ACCIDENT SUICIDE HOMICIDE Homicide 20b. DESCRIBE HOW INJURY OCCURRED. Shot while Approaching Criminals 20c. TIME OF INJURY 3 10 1961

20d. INJURY OCCURRED WHILE AT WORK? [X] NOT WHILE AT WORK [] 20e. PLACE OF INJURY Street 20f. CITY, TOWN, OR LOCATION Cape Girardeau, Cape, MO 21. I attended the deceased from March 10, 1961 to March 21, 1961 and last saw him alive on March 21, 1961 Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mehri C. Kaster, M.D. 22b. ADDRESS 837 Broadway Cape Girardeau, Mo 22c. DATE SIGNED 3-22-61 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-22-1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION Cape Girardeau, Mo. 24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo. 25. DATE RECD. BY LOCAL REG. 3-24-61 26. REGISTRAR'S SIGNATURE J. Kaster

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

MAR 28 1961

APR 5 1961

Kester

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 *W. J. Ford*

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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.