

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009547

Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 50

STATE FILE NUMBER

AMENDED

FILED VS MAR 15 1961

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dove - ELDRIDGE - T2		c. CITY OR TOWN Cape Girardeau	
Length of stay in 1b —		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If outside, give location) NONE	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Laura Lloyd Crigler			4. DATE OF DEATH Month Feb. Day 26 Year 1961		
5. SEX Female		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH 1-13-65		9. AGE (last birthday) 96		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) New Franklin, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William P. Lloyd		13b. MOTHER'S MAIDEN NAME Barilla Wilhoit	
14. NAME OF HUSBAND OR WIFE George C. Crigler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Wm. Crigler		Address Eldon, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Chronic myocarditis		3 Wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic heart disease	25 yrs.
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent influenza - 3 wks. before death		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour — s.m. — p.m. —	Month, Day, Year —		

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 Eldon	COUNTY Missouri	STATE
21. I attended the deceased from 2-1-61 to 2-26-61 and last saw her ^{her} _{him} alive on 2-6-61 Death occurred at 9:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE B B Hurst, M.D.	(Degree or title)	22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 3-3-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-1-61	23c. NAME OF CEMETERY OR CREMATORY Eldon	23d. LOCATION (City, town, or county) (State) Eldon Missouri
24. FUNERAL DIRECTOR Phillips Funeral Home	ADDRESS Eldon, Mo.	25. DATE RECD. BY LOCAL REG. 3-4-1961	26. REGISTRAR'S SIGNATURE Hella S. Blay

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.