

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016290

STATE FILE NUMBER

AMENDED

Registration District No. 371 Primary Registration District No. 6262 Registrar's No. \_\_\_\_\_

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED MAY 1 1961**

1. PLACE OF DEATH  
 a. COUNTY WEBSTER  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN W. DALLAS TOWNSHIP Length of stay in lb 69 yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FORDLAND RT 1 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI b. COUNTY WEBSTER  
 c. CITY OR TOWN FORDLAND Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
ALICE EMILENE CRIGER  
 4. DATE OF DEATH Month Day Year  
April 24 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 10-20-1891 9. AGE (last birthday) 69  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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) WEBSTER CO MO USA  
 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME BARTON 13b. MOTHER'S MAIDEN NAME CRIGER 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO  
 16. SOCIAL SECURITY NO.  
 17. INFORMANT Address ROY CRIGER FORDLAND, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cardiac De-compensation  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension  
 DUE TO (c) Arteria-sclerosis  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 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 Feb. 19, 1952 to April 24, 1961 and last saw her live on April 14, 1961  
 Death occurred at 8:45A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. R. Schultz M.D. 22b. ADDRESS Fordland Mo. 22c. DATE SIGNED 4/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE April 26-1961 23c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE 23d. LOCATION (City, town, or county) (State) WEBSTER CO MISSOURI

24. FUNERAL DIRECTOR ADDRESS Kelley Ferrell FORDLAND, MO 25. DATE RECD. BY LOCAL REG. APRIL 29, 1961 26. REGISTRAR'S SIGNATURE Opal M. Good

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 \_\_\_\_\_

Licensed Embalmer No. 4847

P. O. Address Monzfield, 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.