

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-010176

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 59

FILED APR 10 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>                           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Pleasant Hill</u>   |   | Length of stay in 1b<br><u>20 yrs</u>   | c. CITY OR TOWN <u>Pleasant Hill</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Webster St.</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Webster St</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>          |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mural</u> Middle <u>Sidney</u> Last <u>Crider</u>   |   | 4. DATE OF DEATH<br>Month <u>4</u> Day <u>2</u> Year <u>1962</u>  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4-19-1906</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Cabinet Making</u>  | 9. AGE (last birthday)<br><u>56</u><br>IF UNDER 1 YEAR<br>Months _____ Days _____<br>IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 11. BIRTHPLACE (City and state or country)<br><u>East Lynne Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Basil H. Crider</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Allie Riddle</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>None</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                    |  |
| 17. INFORMANT<br><u>Allen Crider</u>  |   | Address<br><u>Cole Camp Missouri</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>Heart failure and shock</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>anemia</u>  |   |   | <u>2 months</u>  |
| DUE TO (c) <u>carcinomatosis from carcinoma of stomach</u>  |   |   | <u>6 months</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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<br>COUNTY _____ STATE _____  |  |
| 21. I attended the deceased from <u>3-27-62</u> to <u>4-2-62</u> and last saw her/him alive on <u>4-2-62</u><br>Death occurred at <u>10 30/A</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22. SIGNATURE<br><u>Raymond E. Breedlove D.O.</u> (Degree or title)   |   | 22b. ADDRESS<br><u>Pleasant Hill, Mo</u>  |  |
| 22c. DATE SIGNED<br><u>4-4-62</u>   |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  |
| 23b. DATE<br><u>4-4-1962</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Strasburg</u>  |  |
| 23d. LOCATION (City, town, or county)<br><u>Strasburg Mo</u>  |   | 23e. REGISTRAR'S NAME<br><u>Ray Sibley</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>Wallace Funeral Home</u><br>ADDRESS<br><u>Pleasant Hill Mo</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>4-4-62</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Ray Sibley</u>  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

**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 James C Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill 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.