

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008192

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 56

FILED FEB 19 1963	
1. PLACE OF DEATH a. COUNTY St Francois	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington Mo.	c. CITY OR TOWN Farmington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 N MAIN	d. STREET ADDRESS (If outside, give location). 302 N Main
3. NAME OF DECEASED (Type or print) Arthur Thomas Crites Sr.	
4. DATE OF DEATH Month Feb. Day 10 Year 1963	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/11/07
9. AGE (last birthday) 55	10. IF UNDER 1 YEAR Months 55 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking	10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (City and state or country) Lixville Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry J Crites	13b. MOTHER'S MAIDEN NAME Mary Whistler
14. NAME OF HUSBAND OR WIFE Edna Williams Crites	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) No	16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Arthur Crites Farmington Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Biliary Ductal Carcinoma DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 6 mo	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.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 COUNTY STATE	
21. I attended the deceased from DEC 61 to 2-10-63 and last saw ^{her} him alive on 2-10-63 Death occurred at 9 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Regres or title) C.E. Conlinton MD	22b. ADDRESS Farmington Mo
22c. DATE SIGNED 2-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/13/63
23c. NAME OF CEMETERY OR CREMATORY K*P Cem.	
23d. LOCATION (City, town, or county) (State) Farmington Missouri	
24. FUNERAL DIRECTOR C.H.COZEAN FARMINGTON MO.	25. DATE RECD. BY LOCAL REG. Feb 14, 1963
26. REGISTRAR'S SIGNATURE Ether Redloff	

VS 300
Rev. 4/59

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12 90-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 5 1963

NOV 20 1963

FEB 21 1963

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 _____

C. H. Cozear

Licensed Embalmer No. _____

4084

P. O. Address _____

Farmington 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.