

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017072

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 94

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10817
20280

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED APR 28 1963</p>	
<p>1. PLACE OF DEATH a. COUNTY <u>Phelps</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u> Length of stay in lb <u>22 months</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co. Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u></p>	
<p>c. CITY OR TOWN <u>Cuba</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Francis Marion Crider</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>April 17 1963</u></p>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 21 1877</u>
9. AGE (last birthday) <u>85</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Worker</u>
11. BIRTHPLACE (City and state or country) <u>Cooper Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>James Crider</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Tackitt</u>
14. NAME OF DECEASED'S WIFE <u>Ruth Haines-Deed</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates <u>NI</u>)
16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>51 Virginia A. Pilger</u> Address <u>207 S. Cedar Rolla, Mo.</u>
<p>18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u></p>	
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 _____ Month, Day, Year _____ a.m. _____ p.m.	
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 <u>Jan 19 62</u> to <u>April 9, 1963</u> last saw him alive on <u>April 17, 1963</u> Death occurred at <u>11:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Rolla Mo</u>
22c. DATE SIGNED <u>4/19/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>20 April 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Kindler</u>	23d. LOCATION (City, town, or county) <u>Cuba Mo.</u>
24. FUNERAL DIRECTOR <u>Hoedter Funeral Home</u> ADDRESS <u>Cuba, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Apr. 19, 1963</u>
26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 20 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 *Hermon C. Hansen*

Licensed Embalmer No. 4673

P. O. Address Cuba, 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.