

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031475

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1753 STATE FILE NUMBER

FILED SEP 3 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff,</b>		Length of stay in 1b <b>5mos</b>	c. CITY OR TOWN <b>Wappapello,</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lucy Lee</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Wappapello,</b>
3. NAME OF DECEASED (Type or print) <b>Bernard N. Crites</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>25,</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-12-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (last birthday) <b>78</b>
13a. FATHER'S NAME <b>William Crites</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Baker</b>	11. BIRTHPLACE (City and state or country) <b>Bollinger County USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no no</b>		16. SOCIAL SECURITY NO. <b>29</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
17. INFORMANT <b>Annie Crites</b>		14. NAME OF HUSBAND OR WIFE <b>Annie Crites</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Uremia</b>			<b>6 months</b>
DUE TO (c) <b>Carcinoma of Prostate</b>			<b>indefinite</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis</b>			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 <b>8-20-63</b> to <b>8-25-63</b> and last saw her/him alive on <b>8-25-63</b> Death occurred at <b>10:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Bernard N. Crites</b> (Degree or title)		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>8-29-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-28, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wilfong</b>
24. FUNERAL DIRECTOR <b>Morgan Funeral Home Puxico, Mo</b>		23d. LOCATION (City, town, or county) <b>Wappapello, MO</b>	23e. STATE <b>MO</b>
25. DATE RECD. BY LOCAL REG. <b>8/30/1963</b>		26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>	

(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

*Wm H. Mayan*

Licensed Embalmer No.

*4640*

P. O. Address

*Advance, 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.