

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13852**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 2046		Registrar's No. 23		
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY County				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) JOE CRUM			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 30, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 1878	9. AGE (In years last birthday) Months Days Hours Min. 72 6 23		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY odd jobs		11. BIRTHPLACE (State or foreign country) Moniteau County		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Nathaniel Crum			13b. MOTHER'S MAIDEN NAME Jane Durham		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'S SIGNATURE OR NAME ADDRESS Charlie Crum, Jamestown, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY)		21d. STATE		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? California Moniteau Mo				
22. I hereby certify that I attended the deceased from Mar. 8, 1950 , to Mar. 30, 1950 , that I last saw the deceased alive on Mar. 29, 1950 , and that death occurred at 9 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE OF INFORMANT D. J. Crum D.O.				23b. ADDRESS California, Mo.		23c. DATE SIGNED 3/31/50		
24a. BURIAL / CREMATION (Specify) Burial		24b. DATE 3/31/50		24c. NAME OF CEMETERY OR CREMATORY New City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo		
DATE REC'D BY LOCAL REG. 6-1-50		REGISTRAR'S SIGNATURE H.R. Rogers		25. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME		ADDRESS California, Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

0681

District File Number.....
District Health Officer No. 9,
APR 11 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *E. R. Boulton*

Licensed Embalmer No. *2126*

P. O. Address *California, etc.*

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 this body is not embalmed, fact should be so stated above.