300
48
13
0
0

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

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7130

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico R-1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard 103
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico R-1 New Fulton 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Dela
b. (Middle): Augusta
c. (Last): Crump

4. DATE OF DEATH (Month) (Day) (Year): Feb 11 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 26-49
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Doerun Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: August Shaffer
13b. MOTHER'S MAIDEN NAME: Kate Schaffer
14. NAME OF HUSBAND OR WIFE: Olive Crump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Olive Crump Puxico R-5

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949, *to* Feb 10, 1949, *that I last saw the deceased alive on* Feb 10, 1949, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ha. Harris MD
23b. ADDRESS: Bloomfield Mo
23c. DATE SIGNED: 2-13-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-13-49
24c. NAME OF CEMETERY OR CREMATORY: Hatch Ritter
24d. LOCATION (City, town, or county) (State): Puxico New Fulton Co.

DATE REC'D BY LOCAL REG.: 2-17-49
REGISTRAR'S SIGNATURE: Floyd Morgan 358
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Watkins Funeral Inc Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 349
Date Filed 3-2-

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 _____
Student Embalmer

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Keytesville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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