

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12792

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>137</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>69 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 E. Kansas St</u>				d. STREET ADDRESS (If rural, give location) <u>406 E. Kansas St</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Homer</u>		c. (Last) <u>Crump</u>		
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>29</u>		(Year) <u>1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 7 1879</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman Pipe Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Refinery</u>		11. BIRTHPLACE (State or foreign country) <u>Independence Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Taylor Crump</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Fisher</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs Myrtle Crump</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-03-0756</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Myrtle Crump</u> ADDRESS <u>Indep. Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>						
ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis - Chronic</u>						
DUE TO (c) _____		4501						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic Emphysema</u> <u>Senile drainage</u>						
19a. DATE OF OPERATION <u>June</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>				
22. I hereby certify that I attended the deceased from <u>Apr 28, 1949</u> , to <u>Apr 29, 1949</u> , that I last saw the deceased alive on <u>Apr 28, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. C. Dickinson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>127 West 1st Bldg Independence Mo</u>		23c. DATE SIGNED <u>Apr 30-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 1, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ott & Mitchell Funeral Home</u> ADDRESS <u>Indep. Mo.</u>				

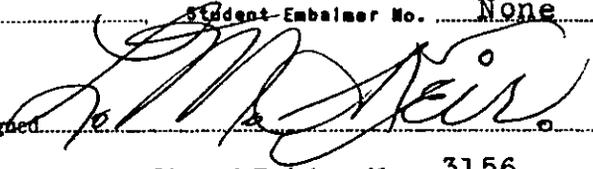
STATEMENT BY LICENSED EMBALMER

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. None

working under my personal supervision.

Signed.....



Signed..... None
Student Embalmer

Licensed Embalmer No. 3156

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.