

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41959**No. 300  
10. 48

79

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

BIRTH NO. _____		REG. DIST. NO. <b>273</b>		PRIMARY REG. DIST. NO. <b>3051</b>		Registrar's No. <b>87</b>			
1. PLACE OF DEATH a. COUNTY <b>Perry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>204 N. Walnut</b>				d. STREET ADDRESS (If rural, give location) <b>204 N. Walnut</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Andrew</b> c. (Last) <b>Crump</b>			4. DATE OF DEATH <b>Dec. 27, 1949</b> (Month) (Day) (Year)						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 26, 1890</b>		9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (State or foreign country) <b>Ste. Genevieve, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Leo Crump</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine Brugere Crump</b>			14. NAME OF HUSBAND OR WIFE <b>Sarah Kendrick Crump</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sarah Crump, 204 N. Walnut, Perryville,</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Neurosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Toxemia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatitis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12/17/49</b> <b>12/27/49</b>  <b>331X</b>	
19a. DATE OF OPERATION <b>None</b>		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) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>12/17</b> , 19 <b>49</b> , to <b>12/26</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>12/26</b> , 19 <b>49</b> , and that death occurred at <b>8:15 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>F. P. Riley, M.D.</b>				23b. ADDRESS <b>Perryville Mo</b>			23c. DATE SIGNED <b>12/30/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 29, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>Dec 30-49</b>		REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>		ADDRESS <b>Perryville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-11-50  
District Health Officer No. 4  
District File Number 150-3  
Date Filed .....

**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.

Signed.....  
Student Embalmer

Signed Albert Bey .....

Licensed Embalmer No. 3866 .....

P. O. Address Perryville, 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.