

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43454

FILED DEC 19 1949

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6171 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>stone</u>	
b. CITY OR TOWN <u>Rural Ponce De Leon</u>		c. CITY OR TOWN <u>Rural Ponce De Leon</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u> b. (Middle) <u>E.</u> c. (Last) <u>Crume</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 - 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>July 27 - 1905</u>
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Robert H. Crume</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Cutbirth</u>	
14. NAME OF HUSBAND OR WIFE <u>Gertie Crume</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Gertie Crume - Galena Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of Heart &amp; Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gun Shot</u>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident On Road to Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stone Mo</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov 19 - 1949 7 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 19, 1949</u> , at <u>death</u> , that I last saw the deceased alive on <u>Nov 19, 1949</u> , and that death occurred at <u>3 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ernest J. Cheatham</u>		23b. ADDRESS <u>Galena Mo</u>	
(Degree or title) <u>Coroner</u>		23c. DATE SIGNED <u>Nov 21 - 49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhour</u>		24d. LOCATION (City, town, or county) (State) <u>Stone Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 22 - 49</u>		REGISTRAR'S SIGNATURE <u>Lena Murray - Dept. 317</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest J. Cheatham</u>		ADDRESS <u>Galena Mo</u>	

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

1044

RECEIVED DEC 13 1949

District Health Office No. 6,

District File Number 1249-1365

Date Filed 12-14-49

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

*Everett J. Cheatham*

Licensed Embalmer No.

*3870*

P. O. Address

*Galena 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.