

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24247  
Registrar's No. 248

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>519 N. Osage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nelson</u>	b. (Middle) <u>Leonard</u>	c. (Last) <u>Crump</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 1, 1904</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Finance Outlet Store</u>	11. BIRTHPLACE (State or foreign country) <u>Speed, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Steve Crump</u>	13b. MOTHER'S MAIDEN NAME <u>Batherine Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ruby Crump-Sedalia, Mo.</u>
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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>494-20-9421</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruby Crump - Sedalia, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>480X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 21, 1950, to July 25, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Seavoy M.D.</u>	23b. ADDRESS <u>Sedalia MO</u>	23c. DATE SIGNED <u>July 27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Speed Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Speed Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-27-1950</u>	REGISTRAR'S SIGNATURE <u>W. J. Campbell M.D.</u>	25. FORENSIC DIRECTOR'S SIGNATURE ADDRESS <u>Steve Alexander Sedalia, Mo.</u>
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(Licensed Embalmer) (Statement on Reverse Side)

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

RECEIVED  
DISTRICT HEALTH OFFICE No.  
District File Number \_\_\_\_\_  
Date Filed 7-31-58

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

*Eric R. Anderson*

Licensed Embalmer No. 4245

P. O. Address Seaside, 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.