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FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35881

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee</u> <u>1001</u>	
c. LENGTH OF STAY (in this place) <u>384y</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>EL Bert</u> c. (Last) <u>Crumph</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 50</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>Jan 21 1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>B</u>	11. BIRTHPLACE (State or foreign country) <u>Crumph Cape Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>William Franklin Crum</u>	13b. MOTHER'S MAIDEN NAME <u>Rodia Lancaster</u>	14. NAME OF HUSBAND OR WIFE <u>Zoda White Crum</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>499-03-8050</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Zoda Crum Chaffee 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>331x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(1) S+D - hypertension</u> DUE TO (c) <u>(2) Vascular sclerosis</u>		
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"/>
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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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-14, 1950, to 10-14, 1950, that I last saw the deceased alive on 10-14, 1950, and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur M. Estes MD</u>	23b. ADDRESS <u>714. Edway Cape Girardeau Mo</u>	23c. DATE SIGNED <u>10-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Park</u>	24d. LOCATION (City, town, or county) (State) <u>Chaffee Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 18-50</u>	REGISTRAR'S SIGNATURE <u>Mustel Bisplinghoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bisplinghoff Funeral Home Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 21 1950

SCOTT COUNTY HEALTH CEN

CO. FILE NO. 1050-

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

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Miss

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.