

No. 308
10.48

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40116**
Registrar's No. **31**

BIRTH NO. _____ REG. DIST. NO. **67** PRIMARY REG. DIST. NO. **5268**

1. PLACE OF DEATH
a. COUNTY **CHRISTIAN**
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **RURAL West Benton**
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **CHRISTIAN**
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **RURAL West Benton**
d. STREET ADDRESS (If rural, give location) **0220**

3. NAME OF DECEASED
a. (First) **SUSAN** b. (Middle) **MADONA** c. (Last) **CRUMM**

4. DATE OF DEATH (Month) (Day) (Year) **DEC. 13, 1950**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **9**

8. DATE OF BIRTH **NOV 13, 1862**

9. AGE (In years last birthday) **88** IF UNDER 1 YEAR Days **1** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSE WIFE**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **TERRE HAUTE, IND.**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **ANDREW FLSK**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **WILLIAM**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME **SUSIE BRECKLY** ADDRESS **NEANGA**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage.**
ANTECEDENT CAUSES
DUE TO (b) **Hypertension**
DUE TO (c) **Arterio-Sclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **None**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 15, 1950** to **Dec 13, 1950**, that I last saw the deceased alive on **Dec 8, 1950**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **L. R. Schultz, M.D.** (Degree or title)

23b. ADDRESS **Frost bldg. Mo.**

23c. DATE SIGNED **12/16/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **DEC. 16, 1950**

24c. NAME OF CEMETERY OR CREMATORY **KESSEE CEM.**

24d. LOCATION (City, town, or county) (State) **CHRISTIAN CO. MO.**

DATE REC'D BY LOCAL REG. **Jan 5-51**

REGISTRAR'S SIGNATURE **Lillie Barr** **58**

25. FUNERAL DIRECTOR'S SIGNATURE **KELLEY-FERRELL-BERGMAN** ADDRESS **ROGERSVILLE MO.**

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 6 1951

Dist. File 157-67

Date Filed 1-8-51

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 _____

Don Ferrell

Student Embalmer No. 397

working under my personal supervision.

Signed Don Ferrell.....
Student Embalmer

Signed R. M. Kelley
Licensed Embalmer No. 3334

P. O. Address Fordland 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.