

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40852
5333

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>5333</u>
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3048</u>		
c. LENGTH OF STAY (in this place) <u>34 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>6036 BELLEVIEW AVENUE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>				
3. NAME OF DECEASED a. (First) <u>ARTHUR</u> b. (Middle) <u>C.</u> c. (Last) <u>MCCRUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-17-1950</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>AUG-1-1888</u>	9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HUNTINGTON, INDIANA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>CHARLES MCCRUM</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETT LEEDY</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH MCCRUM</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EDITH MCCRUM</u> ADDRESS <u>6036 BELLEVIEW KANSAS CITY, MO.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>broncho pneumonia</u> ANTECEDENT CAUSES <u>Broken Hip</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebral Hemorrhage</u> DUE TO _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>29020</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Date) <u>about 10 days</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell from bed</u>
22. I hereby certify that I attended the deceased from <u>3/11, 1946</u> , to <u>12/17, 1950</u> , that I last saw the deceased alive on <u>12/17, 1950</u> , and that death occurred at <u>9:10 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. P. Boughnour</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>315 Nichols Rd., N.C. Mo.</u>		23c. DATE SIGNED <u>12/18/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-19-1950</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>FOREST HILL CEMETERY</u>
		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>12-19-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1331 BAUSH CREEK BLVD. KANSAS CITY, MO.</u>

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

1.30.4
XXXXXX

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 _____

working under my personal supervision.

Student Embalmer No. 394

Signed Robert E. Kenson
Student Embalmer

Signed John E. Fraking
Licensed Embalmer No. 4483

P. O. Address: Kansas City, 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.