

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20811

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5805		Registrar's No. 23		
1. PLACE OF DEATH a. COUNTY Monroe.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Monroe.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florida, Missouri.		c. LENGTH OF STAY (in this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florida, Missouri. - Jefferson		d. STREET ADDRESS (If rural, give location) 0690		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Crump.			4. DATE OF DEATH (Month) (Day) (Year) June, 17, 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July, 28, 1858		
9. AGE (In years last birthday) 92		10. MONTH 10		11. DAY 19		12. HOURS 1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert W. Crump.			13b. MOTHER'S MAIDEN NAME Katherine M. Martin.			14. NAME OF HUSBAND OR WIFE Margaret Wise Crump.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Eleanor Crump. ADDRESS Florida, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease					INTERVAL BETWEEN ONSET AND DEATH 6/13/51	
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 331X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June 12, 1951 , to June 17, 1951 , that I last saw the deceased alive on June 13, 1951 , and that death occurred at 2:00A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) L. M. Regan M.D.				23b. ADDRESS Paris, Missouri.		23c. DATE SIGNED 6-18-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-18-1951		24c. NAME OF CEMETERY OR REPOSITORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Monroe Co, Missouri.		
DATE REC'D BY LOCAL REG. 7-3-51		REGISTRAR'S SIGNATURE F. D. Barnett M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Clyde C. Wiley ADDRESS Perry, Mo.				

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

7-57-1230

Date Received: JUL 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1230
Date Filed: JUL 7 1951

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 Clyde C. Wilkey
Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

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.