

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32459**  
Registrar's No. **153**

FILED OCT 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Centralia</b>	
c. LENGTH OF STAY (In this place) <b>7 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>West Singleton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Smith</b> c. (Last) <b>Crump</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 13, 1874</b>			9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired tinsmith</b>
11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired tinsmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>		11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Ben Crump</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Mann</b>			14. NAME OF HUSBAND OR WIFE <b>Wilmoth Henrietta Wisdom</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ben Crump Columbia, Missouri</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>	
*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) <b>Coronary occlusion</b>					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Arterio sclerosis</b>					
		DUE TO (c) <b>Senility</b>					
		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 <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>Centralia Boone Mo.</b>	
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	

22. I hereby certify that I attended the deceased from **Oct 9, 1950**, to **Oct 9, 1951**, that I last saw the deceased alive on **Oct 9, 1951**, and that death occurred at **12:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. J. Edmondson</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Centralia, Mo.</b>		23c. DATE SIGNED <b>Oct 10, '51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-12-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Centralia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Centralia, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Oct-12-1951</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill G. Meador</b>		ADDRESS <b>Centralia, Mo.</b>	
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Date Received: OCT 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-1864  
Date Filed: OCT 19 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.....

*Bill J. Meador*

working under my personal supervision.

Student Embalmer No. 406

Signed *Bill J. Meador*  
Student Embalmer

Signed *Lois M. Meador*

Licensed Embalmer No. 4855

P. O. Address *Centralia, 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.