

## STANDARD CERTIFICATE OF DEATH

39

State File No. ....

0010  
3

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SCHUYLER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE RR</b>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LANCASTER 0920</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RURAL</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>BIRNEY</b> b. (Middle) <b>LURAY</b> c. (Last) <b>CRUMP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 12 52</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>MAR 22, 1923</b>	9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JOHN DEERE PLANT</b>	11. BIRTHPLACE (State or foreign country) <b>SCHUYLER CO, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>HOLLIS D CRUMP</b>		13b. MOTHER'S MAIDEN NAME <b>OPAL J WHITE</b>	14. NAME OF HUSBAND OR WIFE <b>ANNALEE EMERENE CRUMP</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WORLD WAR TWO</b>		16. SOCIAL SECURITY NO. <b>484-20-0930</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ma Birney Crump Lancaster, Mo.</b> ADDRESS _____		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple compound fractures of the head</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, school, etc.) <b>Front of truck</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Benton</b> COUNTY <b>Adair</b> (STATE) <b>Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 12, 1952 7:12</b>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Car submerged truck</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 P. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert B. Davis</b> (Degree or title) <b>Coroner</b>			23b. ADDRESS <b>Kirkville Adair Co. Mo.</b>		23c. DATE SIGNED <b>1-12-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 14, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ANN MEMORIAL CEM</b>	24d. LOCATION (City, town, or county) (State) <b>LANCASTER, MO</b>	
DATE REC'D BY LOCAL REG. <b>1-14-51</b>		REGISTRAR'S SIGNATURE <b>Wate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lucas H. Neal</b> ADDRESS <b>Lancaster, Mo.</b>	

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

JAN 14 1954

JAN 24 1954

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. ....

Signed Herbert R. Nead

Signed.....  
Student Embalmer

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.