

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4472

State File No.

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4472 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>DEKALB Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Stewartsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stewartsville</u> <u>0320</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>DAWSON</u> c. (Last) <u>CRUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 22 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-11-1865</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Adrain Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	

13a. FATHER'S NAME <u>James Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Burns</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Crum</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Crum Stewartsville Mo</u> 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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		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)	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 Louis, 1954, to Feb. 22, 1952, that I last saw the deceased alive on Feb. 22, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. King, M.D.</u> (Degree or title)	23b. ADDRESS <u>Stewartsville, Mo</u>	23c. DATE SIGNED <u>2-22-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>3-2-52</u>	REGISTRAR'S SIGNATURE <u>Rescoe Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Summerfield</u> ADDRESS <u>Stewartsville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

F
0320

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.

Signed.....
Student Embalmer

Signed *W. E. Summersfield*.....

Licensed Embalmer No. *3007*.....

P. O. Address *Stewartsville, Me.*.....

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.