

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4813**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **6**

**1. PLACE OF DEATH**  
 a. COUNTY **Iron**  
 b. CITY (If outside corporate limits, write RURAL and give township) **Ironton**  
 c. LENGTH OF STAY (In this place) **75**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **320 Greason**

**2. USUAL RESIDENCE** (Where deceased lived, if institution: residence before admission)  
 a. STATE **Mo** b. COUNTY **Iron**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Ironton**  
 d. STREET ADDRESS (If rural, give location) **320 Greason**

**3. NAME OF DECEASED**  
 a. (First) **Isabelle** b. (Middle) **Crump** c. (Last) **Lax**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Feb. 22 1952**

**5. SEX** **Female**  
**6. COLOR OR RACE** **colored**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Divorced**

**8. DATE OF BIRTH**  
**June 17, 1863**

**9. AGE** (In years last birthday) **88**  
 IF UNDER 1 YEAR: Months **8** Days **5**  
 IF UNDER 24 HRS. Hours **5** Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country)  
**Tenn, Corinth**

**12. CITIZEN OF WHAT COUNTRY?**  
**U.S.A.**

**13a. FATHER'S NAME**  
**Henry Crump**

**13b. MOTHER'S MAIDEN NAME**  
**Unknown**

**14. NAME OF HUSBAND OR WIFE**  
**Moses Lax**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** **Zella Blanche Ironton, Mo**  
**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**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) **Cerebral Hemorrhage**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)** **Myocardial Regeneration Unknown**  
**DUE TO (c)**

**INTERVAL BETWEEN ONSET AND DEATH**  
**5 days**

**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**  
**4222**

**20. AUTOPSY?**  
 YES  NO

**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  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?**

**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 **4:15 P.m.**, from the causes and on the date stated above.**

**23a. SIGNATURE** **J.H. McIntosh, M.D.** (Degree or title)

**23b. ADDRESS** **Ironton, Mo**

**23c. DATE SIGNED** **Feb 25 1952**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)  
**7-74-5-2 Burial**

**24b. DATE**

**24c. NAME OF CEMETERY OR CREMATORY**  
**Ironton Colored Cem. Ironton, Mo**

**24d. LOCATION** (City, town, or county) (State)  
**Ironton, Mo**

**DATE REC'D BY LOCAL REG.**  
**Mar 4, 1952**

**REGISTRAR'S SIGNATURE**  
**Mrs Aris Jones**

**25. FUNERAL DIRECTOR'S SIGNATURE** **White Funeral Home, Ironton**  
**ADDRESS**

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

0470

FILED MAR 8 1952

MAY 27 1952

MAY 26 1952

MAY 8

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.....  
Student Embalmer

Signed Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Truman Ave

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.