

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

5988

State File No. ....

**FILED MAR 12 1952**

BIRTH NO. 3327 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla <u>0812</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 South Highway 63		d. STREET ADDRESS (If rural, give location) 210 South Highway 63	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) DALE	c. (Last) CRUM	4. DATE OF DEATH Mar. 4, 1952
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5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant <u>0</u>	8. DATE OF BIRTH Jan. 6, 1952	9. AGE (In years last birthday) 1 Year 28 Days	IF UNDER 1 YEAR Hours 0 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Rolla, Missouri <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Lee Crum	13b. MOTHER'S MAIDEN NAME Ruby Lucille Ragan	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Charles Lee Crum, Rolla, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>181 E9240-18</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT <del>SUBJECTS</del> <del>HOMICIDES</del> <u>yes</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) Rolla (COUNTY) Phelps (STATE) Mo
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21d. TIME OF INJURY <u>Mar. 4, 1952 6:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>asphyxia in bed</u>
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22. I hereby certify that I attended the deceased from 3-4, 1952, to 3-4, 1952, that I last saw the deceased alive on 3-1, 1952 and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Kunderwood M.D.</u> (Degree or title)	23b. ADDRESS <u>Rolla, Mo 202 W. 10th</u>	23c. DATE SIGNED <u>3-6-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near, Rolla Phelps Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 6, 1952</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>380</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> ADDRESS <u>Rolla, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number \_\_\_\_\_  
Date Filed 3-10-52

**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

*La Vea E. Brown*

Licensed Embalmer No. 4794

P. O. Address Rolla, 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.