

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2472

State File No. _____

FILED JAN 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>209 No. Mill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 No. Mill</u>				d. STREET ADDRESS (If rural, give location) <u>209 No. Mill</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Melvina</u> c. (Last) <u>Crum</u>				4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>9</u> (Year) <u>1953</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>Feb. 29, 1874</u>	
9. AGE (in years last birthday) <u>78</u>		10. UNDER 1 YEAR <u>10</u>		11. UNDER 1 YEAR <u>10</u>		12. UNDER 1 YEAR <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Dominion Co. Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Alexander Floyd</u>				13b. MOTHER'S MAIDEN NAME <u>Jane (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Orvel Crum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE AND NAME <u>Leona Cochran - 209 No. Mill</u>	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>480x</u>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 7, 1953</u> , to <u>Jan 9, 1953</u> , that I last saw the deceased alive on <u>Jan 9, 1953</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Crumley</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Sedalia, MO</u>		23c. DATE SIGNED <u>1/11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-53</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, MO</u>	
DATE REC'D BY LOCAL REG. <u>1-12-53</u>		REGISTRAR'S SIGNATURE <u>E. C. Crumley</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. Laughlin - Sedalia</u>			

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

RPM Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.