

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11054

State File No.

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>REYNOLDS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LESTERVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LESTERVILLE</u>	
c. LENGTH OF STAY (In this place) <u>1yr</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi N. of Monterey</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JONAS</u> b. (Middle) <u>HENRY</u> c. (Last) <u>SHRUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 18 1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 6, 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Monterey MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>ELISA SHRUM</u>		13b. MOTHER'S MAIDEN NAME <u>Kate THURMAN</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OTTO SHRUM</u> ADDRESS <u>Lester ville</u>	
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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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INFECTION</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Artero-sclerosis</u>			
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Feb 1, 1953, to MARCH 18 1953, that I last saw the deceased alive on MARCH 18, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. M. Whitpatrick M.D.</u>		23b. ADDRESS <u>Lester ville Mo</u>		23c. DATE SIGNED <u>3/21/53</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>CHURCH</u>		24b. DATE <u>3/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>1 1/2 mi N. of Monterey</u>	
				24d. LOCATION (City, town, or county) (State) <u>Reynolds MO</u>	

DATE REC'D BY LOCAL REG. <u>3/21/53</u>		REGISTRAR'S SIGNATURE <u>G. M. Whitpatrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Pine Home</u> ADDRESS _____	
(Licensed Embalmer's Statement on Reverse Side) <u>Droulson MD</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.....

Licensed Embalmer No.....

P. O. Address.....

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.