S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17475

FILED MAY 16 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 132

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1. PLACE OF DEATH
a. COUNTY: Cole (Jefferson Twp)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles w. of J.C. on Boonville Road.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0260
d. STREET ADDRESS (If rural, give location): 5 miles w. of J.C. on Boonville Road.

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): E.
c. (Last): Crump

4. DATE OF DEATH (Month) (Day) (Year): May 12 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: July 31 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 10, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Cole County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John E. Garman
13b. MOTHER'S MAIDEN NAME: Eliza Plummer
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Mrs. Lloyd Plosick — ADDRESS: J. C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: 87 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Cancer of Brain
DUE TO (c) Primary Carcinoma of Breast — 6 years

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: 170 X
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) m.
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* March, 1944, *to* May 12, 1953, *that I last saw the deceased alive on* May 12, 1953, *and that death occurred at* 3:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles W. Mansfield DO
23b. ADDRESS: Centertown, Mo.
23c. DATE SIGNED: 5/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14 1953
24c. NAME OF CEMETERY OR CREMATORY: Elston
24d. LOCATION (City, town, or county) (State): Elston Mo.

DATE REC'D BY LOCAL REG.: May 15-53
REGISTRAR'S SIGNATURE: R. P. Derrick MD — 63-25 — NR
25. FUNERAL DIRECTOR'S SIGNATURE: Andrew Lamm — ADDRESS: J. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 3641

P. O. Address Reno.

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.