

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18860

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2384

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN MERRIAM	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 days		e. STREET ADDRESS (If rural, give location) 5628 Hayes	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Frank	b. (Middle) H.	c. (Last) Crum	4. DATE OF DEATH (Month) (Day) (Year) May 25 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 9, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-VETERINARY.	10b. KIND OF BUSINESS OR INDUSTRY Jenson-Salsbery Laboratories, Inc.	11. BIRTHPLACE (City and State or Foreign Country) Unknown, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry M. Crum	13b. MOTHER'S MAIDEN NAME Elizabeth J. Fox	14. NAME OF HUSBAND OR WIFE Minnie Crum
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) yes (If yes, give branch of service) USA Air Force	16. SOCIAL SECURITY NO. 487-03-2357	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Crum ADDRESS 5628 Hayes, Merriam, Ks.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis	ANTECEDENT CAUSES intestinal obstruction Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. abdominal adhesions DUE TO (b) ruptured appendix 2 yrs. ago. DUE TO (c) no	3 days 2 days 2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no			

19a. DATE OF OPERATION 5/26/54	19b. MAJOR FINDINGS OF OPERATION Gangrene small bowel	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE no	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) no	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 May 23, 1954 to May 25, 1954 that I last saw the deceased alive on 5-25, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casbolt (Degree or title)	23b. ADDRESS 4000 Baltimore	23c. DATE SIGNED 5/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-27-1954	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 5-26-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Anos ADDRESS Funeral Home Shawnee, Kan.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

2005-11-15

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 Signature of Student Embalmer

Signed *Erwin E. Russell*

Licensed Embalmer No. *481*

P. O. Address. *Shawnee*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.