

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29767

State File No.

BIRTH NO. REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5094 Registrar's No. 19

0070
3

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

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY OR TOWN <u>RURAL-OSAGE</u>		c. CITY OR TOWN <u>RICH HILL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>N. 6TH. ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. N. Rich Hill, Mo.</u>		0070	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH WESLEY</u> b. (Middle) <u>CRUM.</u> c. (Last) <u>CRUM.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2/54</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 14 1931</u>
9. AGE (In years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Foster Mo</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wm. H. CRUM</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY E. CALVIN</u>	14. NAME OF HUSBAND OR WIFE <u>NINA MAE</u>
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Cloris Sirls Corner.</u>		ADDRESS	
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>dead on arrival</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES death from injuries from auto accident DUE TO (b) <u>Multiple fractures of head, both limbs, left arm.</u> DUE TO (c) <u>Insta</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>highway #71</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rich Hill Osage Twp. Bates Co Mo</u>			
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? <u>auto struck bridge</u>			
22. I hereby certify that I attended the deceased from <u>Dead on arrival 10-2, 1954</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Cloris Sirls act Corner</u>		23b. ADDRESS <u>Butler Missouri</u>	
23c. DATE SIGNED <u>10/4/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-5-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-8-54</u>		REGISTRAR'S SIGNATURE <u>Edna Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Smith</u>		ADDRESS <u>South Funeral Home - Rich Hill, Mo.</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.....
Signature of Student Embalmer

Signed *Robert G. Sturick*.....

Licensed Embalmer No. *465*

P. O. Address *Butler*

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.