

FILED AUG 6 - 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 702

|  |                                  |   |  |   |   |   |  |
|--|----------------------------------|---|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Springfield</u>   |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY<br>OR<br>TOWN <u>Springfield</u> <u>2394</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>D.O.A. St. John's</u>   |                                  |   | Length of stay in lb<br><u>Life</u>  | d. STREET ADDRESS (If outside, give location)<br><u>831 Kimbrough</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>CHARLES</u> Middle <u>W.</u> Last <u>CRUMP</u>   |                                  |   |  | 4. DATE OF DEATH <u>July 30 1956</u><br>Month <u>July</u> Day <u>30</u> Year <u>1956</u>  |   |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Aug. 18 1901</u>  |   | 9. AGE (In years last birthday)<br><u>54</u>                                  | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____                                 | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Co-Owner</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Crump Auto Works</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Springfield, Mo.</u>                        |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                    |   |  |
| 13. FATHER'S NAME<br><u>Charles B. Crump</u>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Dorothy Wiben</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.<br><u>497-30-4606</u>   |  | 17. INFORMANT Address<br><u>Mrs. Louise Crump Springfield, Mo.</u>  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Upper Gastrointestinal Hemorrhage</u><br><u>Cause undetermined</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hour</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                                  |   |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m. _____<br>Month _____ Day _____ Year _____  |                                  |   |  |   |   |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION<br><u>Springfield</u>  |   | COUNTY  | STATE                                      |
| 21. I attended the deceased from <u>30 July 56</u> to <u>30 July 56</u> and last saw him alive on <u>3 weeks ago</u><br>Death occurred at <u>3:45</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |   |   |  |
| 22a. SIGNATURE<br><u>Francisco M. Maple MD</u> (Degree or title)   |                                  |   |  | 22b. ADDRESS<br><u>1211 S. Glenstone Springfield Mo.</u>  |   | 22c. DATE SIGNED<br><u>31 July 56</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>8/1/56</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Maple Park</u>                                      |   | 23d. LOCATION (City, town, or county) (State)<br><u>Springfield, Missouri</u> |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>H.H. Lohmeyer Springfield, Mo.</u>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>8-2-56</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Edith Williams</u>  |  |

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diseases in Part I must be, causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1966 S 1007

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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 *AL Mc Carrin*.....

Licensed Embalmer No. *27*.....

P. O. Address *Springfield*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.