

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021017
STATE FILE NUMBER
2962

FILED JUL 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2962

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7418 Washington		d. STREET ADDRESS (If outside, give location) 7418 Washington	
3. NAME OF DECEASED (Type or print) ORR		4. DATE OF DEATH Month Day Year June 24 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 26, 1885	
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours Min. 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commission Man		10b. KIND OF BUSINESS OR INDUSTRY K. C. Stockyards	
11. BIRTHPLACE (City and state or country) Lincoln, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Crum		13b. MOTHER'S MAIDEN NAME Valentine Davis	
14. NAME OF HUSBAND OR WIFE Stella Crum		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 487-03-7995		17. INFORMANT Address Bud Stevens, 7418 Washington	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal Bleeding (duodenal ulcer?)		INTERVAL BETWEEN ONSET AND DEATH 70 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		5410	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from <u>1946</u> to <u>24 June 57</u> and last saw him alive on <u>24 June 57</u> Death occurred at <u>11:50 AM June 24 57</u> in on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>[Signature]</i>	
22b. ADDRESS <u>1103 Grand Blvd</u>		22c. DATE SIGNED <u>7/6/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-27-1957	
23c. NAME OF CEMETERY OR CREMATORY Windsor, Mo. Laurel Oak Cemetery		23d. LOCATION (City, town, or county) (State) Windsor, Missouri	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 6-26-57	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		1800 E. Linwood, K. C., Mo. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. W. Gist



*K. J. Best
Pray. Body
No 2-8665*

1-5 PM

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 *James P. McCallister Jr.*
Licensed Embalmer No. *4826*
P. O. Address *K. E. Mo*

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.