

birth, certificate, public, service

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

STANDARD CERTIFICATE OF DEATH

25424

STATE FILE NUMBER

FILED JUL 30 1957

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin Saline		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN OLEAN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Highway 54			Length of stay in 1b 1 Minute	d. STREET ADDRESS (If outside, give location) 5 Miles East	
3. NAME OF DECEASED (Type or print) First WADE Middle AMANDUS Last CRUM			4. DATE OF DEATH Month 6 Day 28 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-1-1896	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY gen. Farming	11. BIRTHPLACE (City and state or country) Miller County	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Samuel Green Crum			14. MOTHER'S MAIDEN NAME Amanda A Howard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 486-34-0068	17. INFORMANT Address John-Wade-Crum-Olean		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INJURY TO MEDIASTINUM AND LUNGS DUE TO (b) CRUSHING INJURY TO CHEST DUE TO (c) AUTO ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) MULTIPLE FRACTURES OF LOWER EXTREMITIES					INTERVAL BETWEEN ONSET AND DEATH 1 MINUTE
20a. ACCIDENT <input checked="" 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.) HEAD ON AUTO COLLISION				
20c. TIME OF INJURY Hour 9:36 p.m. Month, Day, Year 6 28 57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) U.S. HIGHWAY 54		20f. CITY, TOWN, OR LOCATION Miller COUNTY MO.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:37 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L.S. Humphrey, D.O. Coroner 3			22b. ADDRESS Tusculumbia, Missouri		22c. DATE SIGNED 6-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE July 1-1957	23c. NAME OF CEMETERY OR CREMATORY OLEAN		23d. LOCATION (City, town, or county) Miller Missouri
24. FUNERAL DIRECTOR Keith M. Hays		ADDRESS Eldon Mo	25. DATE RECD. BY LOCAL REG. June 29 '57	26. REGISTRAR'S SIGNATURE C. W. Veretta Waltz	

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1957

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 *Paul M. Jays*
Licensed Embalmer No. 39

P. O. Address Eldon

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.