

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44761
STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 623

300
1-57

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Johns Hosp | | Length of stay in 1b 60 yrs | d. STREET ADDRESS (If outside, give location) 2510 Byers Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First ADA Middle Last CRume | | | 4. DATE OF DEATH Month Dec Day 17 Year 1957 | | |
|---|--|--|---|--|--|

| | | | | | | |
|-------------------------|----------------------------------|---|--|--|--------------------------------|--------------------------------|
| 5. SEX Female | 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 July 22, 1889 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-------------------------|----------------------------------|---|--|--|--------------------------------|--------------------------------|

| | | | |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Ashley ILLINOIS | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|-----------------------------------|--|---|

| | | |
|---|---|--|
| 13a. FATHER'S NAME Andrew C. Stephens | 13b. MOTHER'S MAIDEN NAME Mary ANN Golden | 14. NAME OF HUSBAND OR WIFE Oscar A. Crume |
|---|---|--|

| | | |
|---|--|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wt or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Oscar Crume Address 2510 Byers Joplin, Mo |
|---|--|---|

| | | |
|--|---|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion, massive. | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypertensive heart disease and Diabetes | 10 years? |
| | DUE TO (c) | |

| | | |
|--|--|---|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent coronary occlusion. | | 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.) 4201 |
|---|---|

| | | | | | |
|---|---|--|---|-------------------------|---------------------|
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 Joplin | COUNTY Jasper | STATE Mo. |
|---|---|--|---|-------------------------|---------------------|

| | |
|---|--|
| 21. I attended the deceased from 12-16-57 to 12-17-57 and last saw ^{her} alive on 12-17-57 Death occurred at 5:55 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | |
|---|--|

| | | |
|--|---|-------------------------------------|
| 22a. SIGNATURE <i>W. L. Moore M.D.</i> (Degree or title) | 22b. ADDRESS 308 F.R.L. Bldg, Joplin, Mo. | 22c. DATE SIGNED 12-19-57 |
|--|---|-------------------------------------|

| | | | | |
|--|--------------------------------|--|--|-----------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-19-1957 | 23c. NAME OF CEMETERY OR CREMATORY Fairview Cem. | 23d. LOCATION (City, town, or county) Joplin | (State) MO. |
|--|--------------------------------|--|--|-----------------------|

| | | | |
|---|-------------------------------|---|---|
| 24. FUNERAL DIRECTOR Thornhill-Dillon | ADDRESS Joplin, Mo. | 25. DATE RECD. BY LOCAL REG. 12-24-57 | 26. REGISTRAR'S SIGNATURE <i>Doyle Merriam</i> |
|---|-------------------------------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

RECEIVED
Jasper County Health Officer
County File Number 57-12-107/
Date Filed DEC. 3. 0. 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 David Dillon
Licensed Embalmer No. 3898
P. O. Address Joplin 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.