

THE DIVISION OF HEALTH OF MISSOURI -
STANDARD CERTIFICATE OF DEATH

58-009713
State File No.

FILED MAR 18 1958

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. CITY OR TOWN Fayette	
c. LENGTH OF STAY (In this place) 6 days		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		e. STREET ADDRESS (If rural, give location) 201 N. Linn Street	
3. NAME OF DECEASED (Type or Print) a. (First) MARCUS		b. (Middle) PRICE	
c. (Last) CRUM		4. DATE OF DEATH (Month) (Day) (Year) FEB. 17, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 8, 1897
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 10 Days 9	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (City and State or Foreign Country) Danville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Thomas Crum		13b. MOTHER'S MAIDEN NAME Mary Hendren	
14. NAME OF HUSBAND OR WIFE Edna Brown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes W.W. # 1	
16. SOCIAL SECURITY NO. 495-36-6811		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs M. P. Crum Fayette, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH 2 Wks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Myocarditis 5 yrs	
		DUE TO (c) Chr. Arteriosclerosis 5 yrs	
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
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?			
22. I hereby certify that I attended the deceased from Jan 1, 1958 , to Feb 17, 1958 , that I last saw the deceased alive on 2-17, 1958 , and that death occurred at 4.2 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. D. Blom (Degree or title) M.D.		23b. ADDRESS Fayette Mo	
23c. DATE SIGNED 2-27-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/19/1958	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Missouri	
DATE REC'D BY LOCAL REG. 2-27-58		REGISTRAR'S SIGNATURE Mary K. Shell	
25. GENERAL DIRECTOR'S SIGNATURE Ralph A. Carr		ADDRESS Fayette, Mo.	

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

0451 0

0451 0

SEP 2 1958

MAR 24 1958

MAR 19 1958

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, ~~only~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Gayette*

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.