

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028434

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 47 Primary Registration District No. 5169 Registrar's No. 192

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis 4000	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 9 Mile Prairie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 40		Length of stay in lb nil	d. STREET ADDRESS RFD 1
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Glen Middle Ralph Last Crum			4. DATE OF DEATH Month Aug. Day 22, Year 1958		
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5. SEX Male <input type="radio"/>	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 Jan 4, 1907	9. AGE (In years at birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY RR HOW Employee	11. BIRTHPLACE (City and state or country) Osage County Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Crum	13b. MOTHER'S MAIDEN NAME Rosie Copland	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown give war or dates of service)	16. SOCIAL SECURITY NO. 497 14 7529	17. INFORMANT Harry Stewart Address Fulton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH Inst.
DUE TO (b) Enlarged Heart		
DUE TO (c) 4344		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous heart condition not identified		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 6:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harry A. Stewart</i> (Degree or title) Coroner 3	22b. ADDRESS Fulton Missouri	22c. DATE SIGNED 8/22/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/23/58	23c. NAME OF CEMETERY OR CREMATORY SK	23d. LOCATION (City, town, or county) (State) Baldwin Missouri.
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24. FUNERAL DIRECTOR <i>Stephen A. ...</i> ADDRESS	25. DATE RECD. BY LOCAL REG. Aug-23-1958	26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 on the 2nd day of Aug 1950, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 1487
P.O. Address Springfield Mo 65701

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.