

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004277

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 366

Primary Registration District No. 6240

Registrar's No. 20

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Harmony Twp</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>1100</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5 mi W. Palmer</i>		Length of stay in lb. <i>all g. life</i>	d. STREET ADDRESS (If outside, give location) <i>5 mi W. Palmer</i>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Ida</i> Middle <i>D.</i> Last <i>Blount</i>			4. DATE OF DEATH Month <i>Feb.</i> Day <i>4</i> Year <i>1959</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 26 1866</i>	9. AGE (In years (State birthday)) IF UNDER 1 YEAR Months <i>4</i> Days <i>9</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Washington Co. Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>W. Indell Crum</i>	13b. MOTHER'S MAIDEN NAME <i>Margie Sanders</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or (unknown) (If yes, give war or dates of service)) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Howard Blount</i>	Address <i>Potosi Mo R. 2.</i>
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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) <i>Virus pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour _____ 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	COUNTY	STATE
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21. I attended the deceased from <i>12-3-1958</i> to <i>2-4-1959</i> and last saw her alive on <i>Dec. 3-1958</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Joseph L. Thurman - M.D.</i>	(Degree or title)	22b. ADDRESS <i>121 1/2 High - Potosi, Mo.</i>	22c. DATE SIGNED <i>2-6-1959</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-6-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dabbers Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Potosi Co Mo.</i>
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24. FUNERAL DIRECTOR <i>Mrs. Lulu Sparks</i>	ADDRESS <i>Potosi Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>2/10/59</i>	26. REGISTRAR'S SIGNATURE <i>W. E. Rudall</i>
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(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.

RECEIVED

FEB 10

WASH. COUNTY HEALTH DEPT.

FILE NO. _____

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 Murphy L. Sparks

Licensed Embalmer No. 4356

P. O. Address Flat River, 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.