

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029819

FILED VS AUG 21 1959

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 211

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Miller</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldon</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		c. CITY OR TOWN <u>Eldon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 1</u>		Length of stay in 1b		d. STREET ADDRESS <u>Rt. 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>James C. Crum Sr.</u>				4. DATE OF DEATH <u>July 31, 1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-9-1878</u>	
9. AGE (last birthday) <u>61</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Eldon, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>Eldon, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Albert C. Crum</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Crum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-05-7678</u>		17. INFORMANT <u>Marie Crum Eldon, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Meningitis</u>						<u>few days.</u>	
DUE TO (b) <u>Cardio-vascular - Renal disease</u>						<u>Several years.</u>	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days.	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY		Hour a.m. p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <u>July 1, 1959</u> to <u>July 31, 1959</u>		and last saw her/him alive on <u>July 31, 1959</u>		Death occurred at <u>8:15 P.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)				22b. ADDRESS <u>Eldon, Mo.</u>		22c. DATE SIGNED <u>Aug 2 '59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-3-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		23d. LOCATION (City, town, or county) <u>Eldon, Mo.</u>	
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u>		ADDRESS <u>Eldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 2, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Alveretta Waltz</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Louis D. ...

Licensed Embalmer No. 366

P. O. Address Bedford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.