URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59–039999
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5491

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 19 years.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3617 E. 58 Terr — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Alfred Middle: Last: Crum
4. DATE OF DEATH Month, Day, Year: November 13, 1959
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 9, 1870
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer – Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Percival, Iowa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Reed Crum
13b. MOTHER'S MAIDEN NAME: Mary Ann Orr
14. NAME OF HUSBAND OR WIFE: Elma Crum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Elma Crum Address: 3617 E 58 Terr

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-13-59, to 11-13-59 and last saw her/him alive on 11-13-59.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles Wheeler (Degree or title) MD
22b. ADDRESS General Hospital
22c. DATE SIGNED 11-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 17, 1959
23c. NAME OF CEMETERY OR CREMATORY Faskin Cemetery
23d. LOCATION (City, town, or county) (State) Carthage Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6500 Troost
25. DATE RECD. BY LOCAL REG. 11-14-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Charles Wheeler 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. E. Nichols

Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K.C. Mo.

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