MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND 3033 Registrar's No. Registration District No. Primary Registration District No. _ DO NOT WRITE AMENDED ON THIS STUB I. PLACE OF DEATH 15 1963 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY VS 300 ENDED admission) Henry Missour | Clair Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN Clinton TOWN Lowry City Yes. No. [c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm lس ADDRESS HOSPITAL OR PAT INSTITUTION We tzel Hospital Yes Sr No 🗌 Yes | No | 1930 NAME OF DECEASED Middle Last 4. DATE Month Day Year (Type or print) OF DEATHJULY 6.1963 Cleveland Edward Crump 0 7. Married X Never Married 1 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE DATE OF BIRTH Days Months Hours Widowed Divorced [Male Whi te 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) St. Clair County Missouri USA Carpen ter FOLLO 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Edward Crump Unknown Ethel Crumn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) $\stackrel{N}{\mathbb{N}}$ O Unknown City 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 SRD IMMEDIATE CAUSE (a) 尚 11 EAO Ä Conditions, if any, ESE which gave rise to above cause (a), stating the underlying cause last. deceased PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ō there a pregnancy in last 90 days. disease condition given in PART 1 (a) **AMENDMENTS** ☐ Yes □ No □ Unknown HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? YES | NO SE 20c. TIME OF Month, Day, Year Hou RIBBON INJURY a.m. p.m. USE BLACK INK STATE COUNTY 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK READ *TYPEWRITER* 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS Degree or title) 22a-MGNATURE Ö **/**8/63 Clinton Missouri 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town, or county) 23, BURIAL, CREMATION. 23b. DATE

AFFIDA\

REMOVAL (Specify)

Goodrich Funeral

Burial

24. FUNERAL DIRECTOR

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ADDRESS

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ITEM

Home, Osceola Mol Nury o re

TOWLA

City 125. DATE RECD. BY LOCAL REG. Lowry City

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ATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my personal supervision.		208
Student	<u> </u>	Signed 373 Dandiel
Signature of Student Embalme	r	
		Licensed Embalmer No. 3038
		P. O. Address Osceola Nu

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.

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