

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7293

Registrar's No. 47

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. <u>885th</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLET</u> b. (Middle) <u>FERN</u> c. (Last) <u>CRUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 12, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 14, 1931</u>
9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Audrain County, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Pulis</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Ann Hueston</u>	14. NAME OF HUSBAND OR WIFE <u>John 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>488-32-4636</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Crum</u> ADDRESS <u>Centralia, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Non-specific pelvic abscess</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____
19a. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>2-28</u> , 19 <u>49</u> , to <u>3-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-12</u> , 19 <u>49</u> , and that death occurred at <u>10:10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>V. H. Swan</u> (Degree or title) <u>J. O.</u>		23b. ADDRESS <u>Mexico, Mo</u>	23c. DATE SIGNED <u>3-14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 13, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel</u>
24d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl E. Pugh</u> ADDRESS <u>Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 13-1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 11

District File Number 3-4951

Date Filed MAR 22 1949

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
Student Embalmer

Signed Earl E. Puckett.....

Licensed Embalmer No. 3189.....

P. O. Address Mexoco, 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 this body is not embalmed, fact should be so stated above.