

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9325

12-000

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <i>unk</i> b. COUNTY <i>unk</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural New Madrid</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>unk</i>	
c. LENGTH OF STAY (in this place) <i>4 3/4</i>		d. STREET ADDRESS (If rural, give location) <i>unk</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>No</i>		e. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Crump</i> c. (Last) <i>Crump</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 13-1949</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Black</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>unk</i>	8. DATE OF BIRTH <i>About 1907</i>
9. AGE (In years last birthday) <i>42</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm laborer</i>	11. BIRTHPLACE (State or foreign country) <i>unk</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>unk</i>	13b. MOTHER'S MAIDEN NAME <i>unk</i>	14. NAME OF HUSBAND OR WIFE <i>unk</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>	16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>L. S. Huggins New Madrid</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>No medical attendant</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>by all record death</i> DUE TO (c) <i>miss due to myocarditis</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4527</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>New Madrid Mo</i>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. S. Huggins 3 Coroner</i>		23b. ADDRESS <i>New Madrid Mo</i>	23c. DATE SIGNED <i>3/16-49</i>
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>3/16-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Community</i>	24d. LOCATION (City, town, or county) (State) <i>New Madrid Mo</i>
DATE REC'D BY LOCAL REG. <i>3-17-49</i>	REGISTRAR'S SIGNATURE <i>Helen Louise Jones</i>	GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>County - New Madrid</i>	

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

RECEIVED

District Health Office No. 2

District File Number 74-4

Date Filed 3-22-1

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

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Lesley Smith

Licensed Embalmer No. 3803

P. O. Address New Rochelle

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.