

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37083

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile west of Middlebrook</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile west of Middlebrook</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Moncie</u> b. (Middle) <u>May</u> c. (Last) <u>Schrum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1949</u>
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 24 1889</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR (Months) (Days) <u>8 15</u>	IF UNDER 2 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Weakley Co. Tenn</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas J. Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Parilee Howell</u>	14. NAME OF HUSBAND OR WIFE <u>John Schrum</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Thelma Cloine, Pilot Knob Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Double lobe pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs</u> <u>4 Days</u> <u>480X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) (m.)		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>Nov 2</u> , 1949, to <u>Nov 9</u> , 1949, that I last saw the deceased alive on <u>Nov 8</u> , 1949, and that death occurred at <u>1.00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Gale MD.</u> (Degree or title)		23b. ADDRESS <u>Resumock Mo</u>	
		23c. DATE SIGNED <u>Nov 11 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Ironton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 19 - 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-21-49

Health Officer No. 4

File number 1149-151

Date filed

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 *Lucy J. White*

Licensed Embalmer No. 2012

P. O. Address *Chattanooga*

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.