

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 41440

49
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BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 281	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 58 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			
d. FULL NAME OF HOSPITAL OR INSTITUTION 866 E. Third St.				d. STREET ADDRESS (If rural, give location) 866 E. Third St.			
3. NAME OF DECEASED (Type or Print) a. (First) FANNIE		b. (Middle) JOSEPHINE		c. (Last) CRUMP		4. DATE OF DEATH (Month) (Day) (Year) Dec 23, 1949	
5. SEX female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug 28, 1891	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR 3 Months		IF UNDER 24 HRS. 25 Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cateress & servant		10b. KIND OF BUSINESS OR INDUSTRY private homes		11. BIRTHPLACE (State or foreign country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ed Crump			13b. MOTHER'S MAIDEN NAME Sicily Moore			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Parker Crump, 211 Elm, Carthage, MO			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio insufficiency and</u> DUE TO (c) <u>arterio sclerosis generalized</u> 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				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)			
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>did not attend</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter M. Cronin, M.D., Jasper</u>				23b. ADDRESS <u>Springfield Bank Bldg., Springfield</u>		23c. DATE SIGNED <u>12-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE <u>27 Dec 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 30-49</u>		REGISTRAR'S SIGNATURE <u>R. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>			

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

RECEIVED 1-3-50
Jasper County Health Office
County File Number 49-12-994
Date Filed 1-11-50

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.