

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8276**
 BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **240**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1440 E. McDaniel		1440 E. McDaniel	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Eugene	c. (Last) Crum	4. DATE OF DEATH (Month) (Day) (Year)
				March 15 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 4 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 Hrs. Hours	IF UNDER 15 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Laborer	10b. KIND OF BUSINESS OR INDUSTRY Ret. Laborer	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Benjermin Crum	13b. MOTHER'S MAIDEN NAME Nancy Reeves	14. NAME OF HUSBAND OR WIFE Bertha M. Crum (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Eugene F. Crum	ADDRESS Springfield
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal-Vascular Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442K	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 1949, to Mar 15, 1950, that I last saw the deceased alive on Feb, 1949, and that death occurred at 5:00a m., from the causes and on the date stated above.

23a. SIGNATURE Max J. Jett (Degree or title) M.D.	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 3-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-17-50	24c. NAME OF CEMETERY OR CREMATORY Enon Cemetery	24d. LOCATION (City, town, or county) (State) Wishart, Missouri
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DATE REC'D BY LOCAL REG. 3-17-50	REGISTRAR'S SIGNATURE J. W. Klingner	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.	ADDRESS Springfield
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

Ogden Lane Jr

Licensed Embalmer No.

4176

P. O. Address.....

Springfield

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.