

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9716

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocky Mount</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rocky Mount</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>Osage Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osage Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>HENRY</u> c. (Last) <u>CRUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 23, 1866</u>		9. AGE (In years; if UNDER 1 YEAR last birthday) Months <u>83</u> Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cooper Co., Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Green Crum</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Shipley</u>		14. NAME OF HUSBAND OR WIFE <u>Laura B. Crum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Geo. Jones</u> ADDRESS <u>Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>1 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (b) stating the underlying cause last. <u>Atherosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION: _____	19a. MAJOR FINDINGS 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 9-15, 1949, to March, 1950, that I last saw the deceased alive on Feb, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl J. Buehler, M.D.</u>		23b. ADDRESS <u>Eldon, Mo.</u>		23c. DATE SIGNED <u>3/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jamm</u>	
24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Mar 25-1950</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u> 214	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis N. Phillips</u>		ADDRESS <u>Eldon</u>			

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

5710

RECEIVED MAR 29 1950  
District Health Officer No. 71  
District File Number 8-50-279  
Date Filed 3-27-50

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed J. D. Phillips  
Licensed Embalmer No. 3663  
P. O. Address Bedou

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.