

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7904

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hawthorn</u>	
b. CITY OR TOWN <u>Boonville Mo.</u>	c. LENGTH OF STAY (in this place) <u>18 mo.</u>	c. CITY OR TOWN <u>Rural Petersburg</u>	d. STREET ADDRESS (If rural, give location) <u>048⁰</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boonville Convalescent Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilson</u> b. (Middle) <u>CRUMP</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9 - 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 6 - 1868</u>
9. AGE (In years by birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Boon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. Emerson</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. D. Dunbar</u> ADDRESS <u>New Franklin 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis vulnosa</u>	<u>334X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senile demented</u>		DUE TO (c)	<u>6 wks</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) _____	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>Mar 4, 1951</u> , to <u>Mar 9, 1951</u> , that I last saw the deceased alive on <u>Mar 8, 1951</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. D. Dunbar M.D.</u>		23b. ADDRESS <u>New Franklin Mo.</u>	23c. DATE SIGNED <u>3-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>Mar. 11 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-10-51</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. D. Dunbar</u>	ADDRESS <u>New Franklin Mo.</u>

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

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RECEIVED 3-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-20-51

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.

Signed R. G. Hall

Signed _____
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin, Mo.

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.