

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11527

State File No.

No. 300
10.48

096

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

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5115 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Water</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Water</u> <u>0090</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>—</u> c. (Last) <u>Shrum</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28 1888</u>
9. AGE (In years) (last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Perry Co., Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jessie Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Murray</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Shrum</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>Clarence Shrum</u> ADDRESS <u>Lixville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis (Chronic)</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Strained</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 <u>446X</u>	
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>1949</u> , to <u>Apr 6</u> , 1951, that I last saw the deceased alive on <u>Apr. 1</u> , 1951, and that death occurred at <u>5:00 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Chas. Wedeman M.D.</u>		23b. ADDRESS <u>Camryville Mo.</u>	23c. DATE SIGNED <u>4/8/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 8 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cross Roads Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Son</u>	ADDRESS <u>Camryville Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1951

RECEIVED

APR 17 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *4022*

P. O. Address *Perryville, W.*

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.