

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5725

State File No.

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5155 Registrar's No. 4

30

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

1. PLACE OF DEATH a. COUNTY <u>Maries</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Jackson Twp.</u> c. LENGTH OF STAY (In this place) <u>40Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Jackson Twp.</u> d. STREET ADDRESS (If rural, give location) <u>Vienna, Missouri.</u>	
3. NAME OF DECEASED a. (First) <u>Lee</u> b. (Middle) _____ c. (Last) <u>Crum</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1952</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>Sept. 9, 1872</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 MIN. Hours _____
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 <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Crum</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Willett</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Crum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Cleon Crum,</u>		ADDRESS <u>Vienna, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.			
19a. DATE OF OPERATION <u>1/17/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of Prostate</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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>12/26/1939</u> , to <u>2/8/1952</u> , that I last saw the deceased alive on <u>2/8/1952</u> , and that death occurred at <u>9: A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. C. Howard, D.O.</u> (In green or title)		23b. ADDRESS <u>Vienna, Missouri</u>	
23c. DATE SIGNED <u>2/16/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/12/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	
188-P		GENERAL DIRECTOR'S SIGNATURE <u>W. P. Birmingham</u>	
ADDRESS <u>Vienna, Mo.</u>			

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

Signed.....

Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

M. P. Cunningham
3664
Cushing, 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.