

S. No. 300
v. 10. 44

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21289

State File No.

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 20

0720
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marston, MO NEW Madrid, MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Yes MO</u> b. COUNTY <u>New Madrid CO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Marston, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RAYMOND - E. CRUM</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>RAYMOND E. CRUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 5 52</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>COL</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 0</u>	8. DATE OF BIRTH <u>4 18 51</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>1 1 23</u>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NON</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NON</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>MO</u>
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13a. FATHER'S NAME <u>Dont Know</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Mae Crum</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Mae Crum Conran, MO</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No. Medical attendant.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause of Death Unknown</u>		
	DUE TO (c) <u>found dead in bed.</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	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) <u>1955</u>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ella Mae Crum</u>	23b. ADDRESS <u>New Madrid, MO</u>	23c. DATE SIGNED <u>6/7/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL (r)</u>	24b. DATE <u>6/7 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CATON Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>CATRON, MO</u>
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DATE REC'D BY LOCAL REG. <u>6-14-52</u>	REGISTRAR'S SIGNATURE <u>H. S. Ponder, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Hill</u>	ADDRESS <u>Lilbourn, MO.</u>
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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.

NOT embalmed

Student Embalmer No.....

Signed.....

J. H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *2677*

P. O. Address *Smithfield, Vermont, N.H.*

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.