

FILED JAN 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 661

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>511 Broadway</u> <u>0264</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 Broadway</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline Anna Crump</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 15, 1882</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: MONTHS <u>9</u> DAYS <u>5</u> IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Holstine, Warren Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Simon Lichtenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Lbsette Lieneke</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Crump</u>			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS <u>Mrs Lovena Osterloh Jefferson City</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>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:-</u> DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Coronary of arteries (Cured)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>years</u> <u>Resected 7/27/50</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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) (Min.)		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>7/3, 1948</u> , to <u>1-20, 1954</u> , that I last saw the deceased alive on <u>1-20, 1954</u> , and that death occurred at <u>1:35 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Elliott D. Siegelbach M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>1/21/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan, 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonds Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hartsburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 23-54</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorrie M.D. - M.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buescher Jefferson City Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 1953

MAY 4 1953

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.

Student
Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 4-694

P. O. Address Jefferson City, 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.