No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5409

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 1-57

0 600 1

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

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
d. STREET ADDRESS (If rural, give location): ✓

0 600 0

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): ELDEN
c. (Last): CRUMLY

4. DATE OF DEATH (Month) (Day) (Year): 2 - 24 - 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 9-21-1874
9. AGE (In years last birthday): 79 — If under 1 year: Months 5, Days 3 — If under 24 hrs.: Hours ✓, Min. ✓

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Butler, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James J. Crumly
13b. MOTHER'S MAIDEN NAME: Esther Hocket
14. NAME OF HUSBAND OR WIFE: Pauline Crumley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 499-10-3880
17. INFORMANT'S SIGNATURE OR NAME: J.A. Crumly — ADDRESS: Anderson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331 X

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-18, 1954, *to* Feb. 24, 1954 *that I last saw the deceased alive on* 2-24, 1954, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. B. Buck, Md
23b. ADDRESS: Anderson, Mo
23c. DATE SIGNED: 2-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-1954
24c. NAME OF CEMETERY OR CREMATORY: Scott Cemetery
24d. LOCATION (City, town, or county) (State): Butler, Mo.

DATE REC'D BY LOCAL REG.: 2-25-54
REGISTRAR'S SIGNATURE: Mayme Humphrey 423
25. FUNERAL DIRECTOR'S SIGNATURE: Cheatham & Humphrey — ADDRESS: Anderson, Mo

(Licensed Embalmer's Statement on Reverse Side) R.E. Cheatham

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 me

..... Student Embalmer No. ✓

working under my personal supervision.

Student ✓ .....
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.