

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12347

State File No.

FILED MAY 12 1954

Registrar's No. **74**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson		a. STATE Missouri	b. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Rural Prairie Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 10da.		d. STREET ADDRESS (If rural, give location) 628 North Spring	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Edna	b. (Middle)	c. (Last) Crump	(Month) April	(Day) 30	(Year) 1954
(Type or Print)					

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1878	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR (Months) 11 (Days) 27	11. UNDER 24 HRS. (Hours) 0 (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY O.A.A.	11. BIRTHPLACE (State or foreign country) Boone Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Peleher	13b. MOTHER'S MAIDEN NAME Virginia Vanduser	14. NAME OF HUSBAND OR WIFE Boone E. Crump
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Boone E. Crump	18. ADDRESS Independence, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Failure.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerotic heart disease		
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) 4200
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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?
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22. I hereby certify that I attended the deceased from 4-19, 1954, to 4-30, 1954, that I last saw the deceased alive on 4-29, 1954, and that death occurred at 1:40 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS Jackson County Hospital	23c. DATE SIGNED 4-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/3/54	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.	24d. LOCATION (City, town, or county) (State) Raytown, Mo.
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DATE REC'D BY LOCAL REG. 5-1-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Edo. C. Carson	ADDRESS Indy. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Harold E. Marshall

Licensed Embalmer No.

4609

P. O. Address

Indep. 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.