

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

State File No. **22779**

**FILED JUL 18 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **180** PRIMARY REG. DIST. NO. **4290** Registrar's No. **17**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>LINCOLN</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY OR TOWN <b>FOLEY</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>FOLEY</b>	d. STREET ADDRESS (If rural, give location) <b>0570</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>ALBERT</b>	a. (First) _____ b. (Middle) <b>USTEN</b> c. (Last) <b>CRUME</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JULY 7, 1955</b>
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<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Type or Print) _____	<b>8. DATE OF BIRTH</b> <b>DEC. 29, 1864</b>	<b>9. AGE</b> (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 Mos. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer-retired</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>self employed</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>RFD - TROY, Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>George Crume</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise Hall</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Hattie Lou Crume</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>AXIE CRUME - FOLEY, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Cerebral Thrombosis</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-Vascular-Renal Disease 20 years</b> DUE TO (c) <b>Debility of Age</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Cystitis and Prostatitis</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 days</b>  <b>20 years</b>
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>332X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from Nov. 2, 1957, to July 7, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 9:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Frank L. Sutton, D.O.</b>	<b>23b. ADDRESS</b> <b>Winfield, Mo.</b>	<b>23c. DATE SIGNED</b> <b>7/11/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>7-10-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>CORINTH</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>FOLEY, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-16-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Emma B. Riddle</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Galactic to Ebberry, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

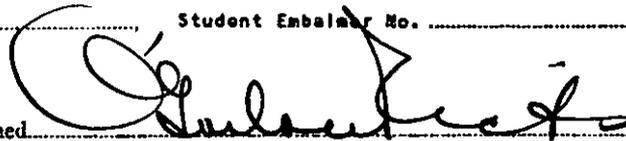
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4012

P. O. Address Esberry, 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.