

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32489

State File No. ....

FILED OCT 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 4077 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Whitewater Mo.</b> )		c. CITY OR TOWN <b>Whitewater Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>79 yr</b>		STREET ADDRESS (If rural, give location) <b>W</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lonzo</b>	b. (Middle) <b>Elridge</b>	c. (Last) <b>Crump</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 19 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 1 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Crump Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>

13a. FATHER'S NAME <b>John Crump</b>	13b. MOTHER'S MAIDEN NAME <b>Lancaster</b>	14. NAME OF HUSBAND OR WIFE <b>Belle Crump</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Omer Wampler</b>	ADDRESS <b>Whitewater Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medication</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Enlarged prostate</b>	
	DUE TO (c) <b>Heart Condition</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4500</b>		

19a. DATE OF OPERATION <b>None</b>	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)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 2, 1953; to Oct 19, 1955, that I last saw the deceased alive on Sept 13, 1955, and that death occurred at 3 m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Sarauk</b>	(Degree or title) <b>Dr. Delia Mo</b>	23b. ADDRESS	23c. DATE SIGNED <b>Oct 21 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 21 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crump Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Crump Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-28-55</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Estes</b>	ADDRESS <b>Banding Howell Cape Gir 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 NEIL H. GROSSHEIDER....., Student Embalmer No. 52 working under my personal supervision..

Student.....  
*Neil H. Grossheider*  
Signature of Student Embalmer

Signed.....  
*W. H. Zotes*

Licensed Embalmer No. 256

P. O. Address Cape Girardeau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.