

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40494**

FILED DEC 28 1955

5112

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY OR TOWN <b>Independence</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hosp. K.C. Mo</b>		f. STREET ADDRESS (If rural, give location) <b>301 E. College</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MR. VIRGIL</b> b. (Middle) <b>LEE</b> c. (Last) <b>CRUMP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 9, 1886</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motorman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Car Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Centralia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Crump</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline Crump dec</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>490-09-0319</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jeannine Eichler Indep. Mo.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular hemorrhage</u></b>			INTERVAL BETWEEN ONSET AND DEATH <b>17 hrs</b>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			2. ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Hypertension</b>					
			DUE TO (c) <b>Arteriosclerosis</b>					
3. 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"/>		

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)		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 10-26, 1955, to 11-25, 1955, that I last saw the deceased alive on 11-25, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Haight</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>3401 E 12th K.C. Mo</b>		23c. DATE SIGNED <b>11-25-55</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>Nov. 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem</b>	
				24d. LOCATION (City, town, or county) (State) <b>E. of Indep. 24 Hwy</b>	

DATE REC'D BY LOCAL REG. <b>11-25-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ott. &amp; Mitchell Indep. Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

2-1-1900

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.....  
Signature of Student Embalmer

Signed *Henry J. Mitchell*  
Licensed Embalmer No. *392*

P. O. Address *Indip m*

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.