

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3717**

FILED MAR 13 1957

BIRTH NO. _____ REG. DIST. NO. 5117 PRIMARY REG. DIST. NO. 34 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar</u>		c. CITY OR TOWN <u>Ashland</u> <u>000</u> <u>0</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Bo</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 Miles S.W. Ashland</u>			
• STREET ADDRESS (If rural, give location) <u>4 Miles S.W. Ashland</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Crump</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1957</u>
-------------------------------------	--------------------------	---------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 6 1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>27</u>	IF UNDER 1 MIN. Hours _____	IF UNDER 1 MIN. Min. _____
-----------------------	----------------------------------	--	--	--	------------------------------------	------------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>Anderson Crump</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wren</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>//////</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elbert Crump</u>	ADDRESS <u>Ashland Missouri</u>
--	--	--	------------------------------------

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, arthritis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leakage heart valve</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Arteriosclerotic Heart disease</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Senile - Stroke 2 to 4 yrs ago</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 200</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Information given by Dr. John R. Hall M.D. Ashland, Mo.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. An or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ashland Missouri</u>
--	---	--

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:01A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mrs Mildred Burnett (Reg)</u>	23b. ADDRESS <u>Ashland, Mo.</u>	23c. DATE SIGNED <u>Mar. 5 1957</u>
--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goshen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone County Missouri</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>March 5, 1957</u>	REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Burnett</u>	ADDRESS <u>Ashland Mo</u>
--	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 5 1959

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 *W^m L. Burnett*

Licensed Embalmer No. *35-6*

P. O. Address *Ashtabula*

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.