

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7655

STATE FILE NUMBER

FILED MAR 25 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 308

| | | | | | |
|---|--|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Joseph 01170 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp. | | Length of stay in lb 55 years | d. STREET ADDRESS (If outside, give location) 2612 Mitchell Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) BLANCHE CRUME | | | 4. DATE OF DEATH March 17, 1957 | | |
| 5. SEX female | | | 6. COLOR OR RACE white | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |
| 8. DATE OF BIRTH Dec. 11, 1897 | | 9. AGE (In years last birthday) 59 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and state or country) Onarga, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13. FATHER'S NAME William Frane | | |
| 14. MOTHER'S MAIDEN NAME Vera Featheringill | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | |
| 16. SOCIAL SECURITY NO. none | | | 17. INFORMANT Address Mr. E.L. Crume, 2612 Mitchell, St. Joseph, Mo. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) status Asthmaticus | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial Asthma (Allergic Type) | | | | | 7 yrs. |
| DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 241X | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June - 1953 to Mar - 17 - 57 and last saw her alive on Mar - 17 - 57 Death occurred at 9:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) T.R. Howden M.D. | | | 22b. ADDRESS 419 Kirkwood Rd St. Joseph, Mo. | | 22c. DATE SIGNED Mar - 19 - 57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 3/19/1957 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| | | 23d. LOCATION (City, town, or county) St. Joseph, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR ADDRESS Hector - Bowman St Joseph Mo. | | 25. DATE RECD. BY LOCAL REG. Mar. 22, 1957 | | 26. REGISTRAR'S SIGNATURE Kathleen M. Allison | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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 *Billie C. Gordon*.....

Licensed Embalmer No. *49*

P. O. Address *St. Joe, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.