

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028235
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 5-117 34 Primary Registration District No. 34-517 Registrar's No.

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Ashland, R.F.D. 2100		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ashland, R.F.D.			Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) Ashland R.F.D.		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John Pearman Crump <i>First Middle Last</i>				4. DATE OF DEATH Aug. 20 1958 <i>Month Day Year</i>				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 27 1870		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR OF UNDER 24 HRS. Month 11 Day 23 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ashland Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hugh Crump				14. MOTHER'S MAIDEN NAME Mary Jane Estes Mexico, Mo.				
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.		17. INFORMANT Hubert Crump Address			
18. CAUSE OF DEATH [Enter only one cause pertaining to (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cremia <i>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</i> DUE TO (b) General Carcinoma of Stomach DUE TO (c) Carcinoma of Stomach							INTERVAL BETWEEN ONSET AND DEATH 151X	
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: 11:30 A 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 January 1958 to August 1958 and last saw her alive on Aug 14 1958 Death occurred at 11:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE James E. Slippin D.O. (Degree or title)				22b. ADDRESS Ashland, Mo.		22c. DATE SIGNED 8-21-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 22 1958	23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery		23d. LOCATION (City, town, or county) (State) Ashland Mo.			
24. FUNERAL DIRECTOR Wm C. Burnett Ashland ADDRESS				25. DATE RECD. BY LOCAL REG. Aug. 22 - 1958		26. REGISTRAR'S SIGNATURE Mrs Mildred Burnett		

Health, Welfare Public Service

300 1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wm C Burnett*.....

Licensed Embalmer No. *35*.....

P. O. Address *Ashtab*.....

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.