

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043230

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 586

300  
1-57

Dr. Prisk and

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>B. County Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Vandiver Drive</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Ross</b> Last <b>Crump</b>		4. DATE OF DEATH Month <b>12</b> Day <b>23</b> Year <b>58</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (City and state or country) <b>Ashland, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Anderson Crump</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wren</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT Address <b>Mr. Verne Leach Columbia, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Epistaxis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ulceration post. nares.</b>			<b>6 mos</b>
DUE TO (c) <b>517x</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis + Hypertensive Heart Disease</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>10/1/58</b> to <b>12/23/58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>12/23/58</b> Death occurred at <b>9AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.P. Palmer M.D.</b>		22b. ADDRESS <b>1 West Blvd No.</b>	
22c. DATE SIGNED <b>12/28/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-26-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Goshen Cemetery</b>
23d. LOCATION (City, town, or county) <b>Boone County, Mo.</b>			
24. FUNERAL DIRECTOR <b>Lyman Sprinkle</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 28 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>

All diseases in Part I must be causally related.

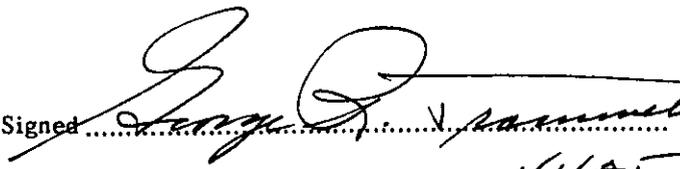
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  .....

Licensed Embalmer No. 4425 .....

P. O. Address Columbus .....

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.