

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1959

Registration District No. 354

Primary Registration District No. 6199

59-020170

STATE FILE NUMBER

Registrar's No. 15

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) Dunn		c. CITY OR TOWN Dunn, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 1070 0	
3. NAME OF DECEASED (Type or print) First ORA Middle MAE Last CRUM		4. DATE OF DEATH Month 5- Day 25- Year 1959	
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 5-15-1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9b. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Gallatin, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. McCulley		13b. MOTHER'S MAIDEN NAME Jane -----	
14. NAME OF HUSBAND OR WIFE Risdon Crum		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. 360-14-9767		17. INFORMANT Address Risdon Crum, Mt. Grove, 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) Cerebral Hemorrhage		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) Hypertensive Heart Disease		90 Days	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X		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 _____ 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 2-20-59 to 5-23-59 and last saw her alive on 5-23-59 Death occurred at 7:25 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W. A. Craig D.O. 2	
22b. ADDRESS Mountain Grove Mo		22c. DATE SIGNED 5-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-27-1959	23c. NAME OF CEMETERY OR CREMATORY Aledo Cemetery	23d. LOCATION (City, town, or county) (State) Aledo, Illinois
24. FUNERAL DIRECTOR James L. Gentry,		25. DATE RECD. BY LOCAL REG. 5-26-59	26. REGISTRAR'S SIGNATURE Sayrell Cunningham

11

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 *James L. Kirby*
Licensed Embalmer No. *4718*
P. O. Address *Calico, N.C.*

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.