

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri		Length of stay in 1b 10 days	c. CITY OR TOWN Elvins Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) James Lee Crump			4. DATE OF DEATH Month 5 Day 10 Year 60	
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-25-59	9. AGE (last birthday) 6 Months 10 Days 60 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Bonne Terre Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lee Crump		13b. MOTHER'S MAIDEN NAME Patsy Skaggs		14. NAME OF HUSBAND OR WIFE none
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 Mary Ritter 500 S Kingshighway Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac arrest		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Intractable cardiac failure	
DUE TO (c) Congenital heart disease: I-V septal defect.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. 7542 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.) 7542	
20c. TIME OF INJURY Hour 6:45 a.m. A Month, Day, Year		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 Irondale, Missouri	20g. COUNTY St. Francis
21. I attended the deceased from 4-30-60 to 5-10-60 and last saw her/him alive on 5-10-60 Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Frederick W. Peterson MD (Degree or title)		22b. ADDRESS 500 So. Kingshighway	22c. DATE SIGNED 5-10-60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/10/1960	23c. NAME OF CEMETERY OR CREMATORY Big River Cemetery	23d. LOCATION (City, town, or county) Irondale, Missouri
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo.		25. DATE RECD. BY LOCAL REG. MAY 11 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy

Licensed Embalmer No. 4236

P. O. Address St. Louis, Mo.

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