

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014124

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 968

FILED APR 11 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkwood</u>		c. CITY OR TOWN <u>Brentwood</u>	
Length of stay in 1b <u>7 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2805 Collier Ave.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGIA</u> Middle <u>CRUM</u> Last <u>CRUM</u>			4. DATE OF DEATH Month <u>3</u> Day <u>19</u> Year <u>1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/23/1901</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Folder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tiny Tot Diaper Co.</u>		11. BIRTHPLACE (City and state or country) <u>Osage County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Glasco</u>	
14. NAME OF HUSBAND OR WIFE <u>Clinton Crum</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
17. INFORMANT <u>Charles Quick, Ellisville, Mo.</u>				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) <u>Cardiac Arrest</u>			<u>3 min</u>
DUE TO (b) <u>Congestive Heart Failure</u>			<u>11 days.</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			<u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>1) Diabetes Mellitus 2) Influenza</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> <u> </u> <u> </u>		

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 <u>3-8-63</u> to <u>3-19-63</u> and last saw ^{her} / _{him} alive on <u>3-18-63</u> Death occurred at <u>5:49</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>W.B. Hedney</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>806 Miramec Sta. Rd. Valley Park Mo.</u>	22c. DATE SIGNED <u>3-20-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/22/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>
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24. FUNERAL DIRECTOR <u>Schrader Funeral Home, Ballwin, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-20-63</u>	26. REGISTRAR'S SIGNATURE <u>John Murphy</u>
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DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4003
2 40112
3
4 1
5 2
6
7 0
8 2
9 4200
10
11
12 44-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellewin, Mo.

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.