

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039175

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 512 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

0168

2 1001

3

4 1

5 2

6

7 0

8 2

9 HHSX

10

11

12 1-2

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>                             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Cape Girardeau</u>  |   | Length of stay in lb<br><u>4 days</u>  | c. CITY OR TOWN<br><u>Chaffee</u>                                       |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Cape Osteopathic</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>429 Helen, Ave.</u> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Ida</u> Middle <u>May</u> Last <u>Crump</u>  |   | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>30</u> Year <u>1963</u>  |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>Nov. 27, 1890</u>                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>  | 9. AGE (last birthday)<br><u>72</u>                                     |
| 13a. FATHER'S NAME<br><u>Abraham Williams</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Ann Propper</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Crump, Missouri</u>    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                            |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Medullary failure</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Ernest Kirby Crump</u>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:<br>DUE TO (b) <u>Multiple Cerebral Hemorrhage</u>  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 minutes</u>  |   |
| DUE TO (c) <u>Malignant Hypertension and Diabetes mellitus 3 yr.</u>  |   | 7 days   |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>Hour <u>7:20</u> Month, Day, Year <u>Dec. 2, 1962</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>Dec. 2, 1962</u> to <u>Oct. 30, 1963</u> and last saw her alive on <u>Oct. 30, 1963</u><br>Death occurred at <u>7:20</u> P m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>Kenneth D. Base D.O.</u>   |   | 22b. ADDRESS<br><u>Chaffee, Mo.</u>  |   |
| 22c. DATE<br><u>Nov. 2, 1963</u>  |   | 22c. DATE SIGNED<br><u>11/2/63</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 23b. DATE<br><u>Nov. 2, 1963</u>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Barks Chapel Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Crump, Missouri</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Bisplinghoff's - Chaffee, Missouri</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-8-1963</u>   |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Ernest Koster</u>   |   |  |   |

**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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.