

CERTIFICATE OF DEATH

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 250

DO NOT WRITE ON THIS STUB

9. 1
10a. 65
10b.
11. 0
12. 1
13. 9450
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 2-0

VS 300

Rev. 1/70

4. 0550

5. 93

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0050

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Epsa Myrtle Shrum</u>			2. <u>Female</u>	3. <u>January 11, 1970</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>White</u>		5a. <u>65</u>	5b. <u></u>	5c. <u></u>	6. <u>11-5-04</u>	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. <u>Mt. Vernon</u>			7b. <u>No</u>			
7c. <u>Missouri State Sanatorium</u>						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>		9. <u>USA</u>		10. <u>Married</u>		11. <u>Melvin Shrum</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY	
12. <u>Unknown</u>		13a. <u>Housewife</u>			13b. <u></u>	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER		
14a. <u>Missouri</u>		14b. <u>Barry</u>		14c. <u>Washburn</u>		
14d. <u>No</u>		14e. <u>Rt. 1, Box 185</u>				
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Lewellyn Fletcher</u>			16. <u>Frances Carnile</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Hospital records</u>			17b. <u>Mo. S. S., Mt. Vernon, Mo. 65712</u>			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) <u>Pulmonary embolism</u>						<u>Minutes</u>
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <u></u>						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) <u></u>						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)						AUTOPSY (YES OR NO)
<u>Pulmonary infiltration cause undetermined</u>						19a. <u>No</u>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b. <u></u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. <u></u>		20b. <u>1-11-70</u>		20c. <u>M.</u>		20d. <u></u>
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e. <u></u>		20f. <u></u>		20g. <u></u>		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. <u>DECEASED FROM</u>		21b. <u>1-11-70</u>		21c. <u>1-11-70</u>		21d. <u>did</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a. <u></u>						22b. <u>12:20p.</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>Merrill C. Davenport, M. D.</u>		23b. <u>Merrill C. Davenport</u>		23c. <u>M.D.</u>		23d. <u>1-12-70</u>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP
23e. <u>Mo. S. S., Mt. Vernon, Mo. 65712</u>		23f. <u></u>		23g. <u></u>		23h. <u></u>
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. <u>Burial</u>		24b. <u>Kings Cemetery</u>		24c. <u>Washburn, Missouri</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. <u>Jan. 14, 1970</u>		24e. <u>Culver's P.O. Box 266 Cassville, Mo. 65625</u>				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>Paul D. Hubert</u>		25b. <u>Roy Grantham</u>		25c. <u>1-14-70</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JAN 26 1970

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 Paul D. Heubert

Licensed Embalmer No. 45-76

P. O. Address Cassville, 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.