

STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1958

STATE FILE NUMBER 653

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Charles Still Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>2682</u>	
Length of stay in lb <u>5 hrs</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES GORDEN CRUM</u>		4. DATE OF DEATH Month Day Year <u>Jan 3 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Oct 2 - 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during all of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>
13a. FATHER'S NAME <u>Wm H. Crum</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Welch</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Holmick</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>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT Address <u>Hester Chelish Centerton Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>@ 12 hours</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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>Jan 3 1958</u> to <u>Jan 3 - 1958</u> and last saw him alive on <u>Jan 3 - 1958</u> Death occurred at <u>10:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William J. Rhoads A.O.</u>		22b. ADDRESS <u>1205 S. Madison City Mo</u>	
22c. DATE SIGNED <u>1/3/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>1-6-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Salmon Cemetery</u>	
23d. LOCATION (City, town, or country) (State) <u>California</u>		24. FUNERAL DIRECTOR ADDRESS <u>Hugh E. Williams California</u>	
25. DATE RECD. BY LOCAL REG. <u>4 Jan 1958</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Davis, MD-PR</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

Hugh E. Williams

Licensed Embalmer No. *3537*

P. O. Address *California*

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.