

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18243

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Napton, Rural # I.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 727 North Hamner				d. STREET ADDRESS (If rural, give location) 4 Miles North East Napton #			
3. NAME OF DECEASED (Type or Print) Bernard		a. (First) Henry		b. (Middle) Crouch		c. (Last)	
4. DATE OF DEATH May 7, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 13, 1867.		9. AGE (in years last birthday) 81		IF UNDER 1 YEAR Months 6 Days 24 Hours - Min. -		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maldstom, England		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Crouch		13b. MOTHER'S MAIDEN NAME Marion Seach		14. NAME OF HUSBAND OR WIFE Susan Jane Crouch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Amabel Reed, Marshall, Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 1 mo 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-6 , 1949, to 5-7 , 1949, that I last saw the deceased alive on 5-7 , 1949, and that death occurred at 7-40 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Starnes, D.O. (Degree or title)		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 5/9/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. May 9 1949		REGISTRAR'S SIGNATURE Sidney J. Gray		385		25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS, MARSHALL-MO. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 16 REC'D

RECEIVED

District Health Officer No. 8,

District File Number 549

Date Filed 5-21-49

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.

Signed John H. Lewis

Signed _____
Student Embalmer

Licensed Embalmer No. 1171

P. O. Address Marshall - 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 this body is not embalmed, fact should be so stated above.