

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36076**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **173**

108
1/2

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY OR TOWN Nevada		c. CITY OR TOWN Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 1205 N. Cedar Street	

3. NAME OF DECEASED (Type or Print) Mary Elizabeth Crouch			4. DATE OF DEATH Oct. 30 1949		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jul 4 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 3 Days 26	IF UNDER 1 HRS. Hours 1 Min.
----------------------	-------------------------------	---	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Comptine, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME Jesse Wright	13b. MOTHER'S MAIDEN NAME Elizabeth Estes	14. NAME OF HUSBAND OR WIFE Wm F. Crouch
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ? 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) Congestive Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c) Myopl. Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 mos 42 27
---	---	--	--

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Sept 1, 1949**, to **Oct 30, 1949**, that I last saw the deceased alive on **Oct 30, 1949**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm F. Crouch (Degree or title)	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 10-31-49
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov 2 '49	24c. NAME OF CEMETERY OR CREMATORY Parson Cemetery	24d. LOCATION (City, town, or county) (State) Parson, Iowa
--	----------------------------	---	---

DATE REC'D BY LOCAL REG Oct 31, 1949	REGISTRAR'S SIGNATURE Kathryn H. Yancy	25. FUNERAL DIRECTOR'S SIGNATURE Allen J. Keys ADDRESS Nevada, Mo.
---	---	--

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1319

Date Filed 11-7-49

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.

Student
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Wade, Md

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.