V.S. No. 300
Rev. 10-48

FILED JUL 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23849

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 98

0490

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mineral
c. LENGTH OF STAY (In this place): 4 1/2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jasper Co TB Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby (Rural)
d. STREET ADDRESS (If rural, give location): 0730

3. NAME OF DECEASED (Type or Print)
a. (First): Nannie
b. (Middle): Crouch
c. (Last): McDaniel

4. DATE OF DEATH (Month) (Day) (Year): July 6-1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow V
8. DATE OF BIRTH: Dec 31-1879
9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months: 70 | Days: 67 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Newton Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Crouch
13b. MOTHER'S MAIDEN NAME: Susie Smith
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Records
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Tuberculosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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: 002X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/20, 1950, *to* 7/6, 1950, *that I last saw the deceased alive on* 7/5, 1950, *and that death occurred at* 11 50 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jesse E. Douglass M D
23b. ADDRESS: Webb City Mo
23c. DATE SIGNED: 7/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-11-50
24c. NAME OF CEMETERY OR CREMATORY: Crouch Cem.
24d. LOCATION (City, town, or county) (State): Granby (Rural) Mo

DATE REC'D BY LOCAL REG.: July 17-50
REGISTRAR'S SIGNATURE: S L Gritchett M D
25. FUNERAL DIRECTOR'S SIGNATURE: Culver-Shewmake
ADDRESS: Grand

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-25-50
Jasper County Health Office
County File Number 50-7-551
Date Filed 7-25-50

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 G. E. Culver
Licensed Embalmer No. 3584
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 this body is not embalmed, fact should be so stated above.