

STANDARD CERTIFICATE OF DEATH

22537

FILED JUL 16 1951
6-27-51

State File No. H5
Registrar's No. 5340

BIRTH NO. REG. DIST. NO. 98. PRIMARY REG. DIST. NO. 5340

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smith TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orlena</u> b. (Middle) <u>Dane</u> c. (Last) <u>Crouch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-51</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 30, 1875</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR (Month) (Day) (Min.) <u>6-24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Dade Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wm Leeper</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Gilspie</u>		14. NAME OF HUSBAND OR WIFE <u>J.J.Crouch</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.J.Crouch Lockwood Mo rtl</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>332x</u>	
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 May 2, 1951, to 6-24, 1951, that I last saw the deceased alive on 6-23, 1951, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.D. Combs</u>		(Degree or title)		23b. ADDRESS <u>Lockwood</u>	
23c. DATE SIGNED <u>6-26-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lawrence Co Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-27-51</u>		REGISTRAR'S SIGNATURE <u>Geo. L. W...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R.Allison Greenfield Mo.</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUL 3 1951

Dist. File

221-1720

Date Filed

5-13-51

VS
MAY 17 1960

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

working under my personal supervision.

Student Embalmer No.

Signed

W. H. Allison

Signed.....

Student Embalmer

Licensed Embalmer No. 4404

P. O. Address. Springfield 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.