

5. No. 300
EV. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33404

State File No. _____

FILED NOV 2 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5563</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY OR TOWN <u>Hogan, Mo</u>		c. LENGTH OF STAY (in this place) <u>1 Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hogan, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allie</u>			b. (Middle) <u>Ruffs</u>		c. (Last) <u>Crouch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 25/51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/11/93</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		11. BIRTHPLACE (State or foreign country) <u>Salem Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jnk</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Peak</u>		14. NAME OF HUSBAND OR WIFE <u>Cathrine Crouch Hogan, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cathrine Crouch Hogan, Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Myocarditis</u> 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH _____
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) <u>Ironton, Mo</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 _____, 19____, to _____, 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Howell</u>			23b. ADDRESS (Degree or title) <u>3 Coroner Ironton, Mo</u>		23c. DATE SIGNED <u>10/27/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/28/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glover Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 29-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Anna Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howell Funeral Home Ironton, Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 1 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

JAN 4 1952

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 C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Wenton, 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.