

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23446

State File No. _____

FILED JUL 11 1952

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 53

090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u> <u>1090</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kate Jane Memorial Home</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>HENRY</u> c. (Last) <u>Crouch</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>April 10 1872</u> |
| 9. AGE (In years last birthday) <u>80</u> | | 10. MONTHS <u>2</u> | 11. DAYS <u>10</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer on Farm</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Mathew Crouch</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary May</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Clarence Crouch, Foley, Mo</u> |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia followed by stroke</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis Heart Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | |
| 20. AUTOPSY? YES <input 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 <u>June 1 1949</u> , to <u>June 20 1952</u> , that I last saw the deceased alive on <u>June 20 1952</u> and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Harold Abelschke MD</u> | | 23b. ADDRESS <u>W. Mendenhall Mo</u> | 23c. DATE SIGNED <u>6-25-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>June 22 52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u> |
| DATE REC'D BY LOCAL REG. <u>6-25-52</u> | REGISTRAR'S SIGNATURE <u>Floyd Logan</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. S. Boy Troy Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Wayne McLoay

Licensed Embalmer No. *25876*

P. O. Address *Lroy 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.