

STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1953

BIRTH NO. REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **90**

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY OR TOWN Butler	c. LENGTH OF STAY (In this place) 50 yrs.	c. CITY OR TOWN Butler	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 600 E Pine		e. STREET ADDRESS (If rural, give location) 600 E. Pine 0071	

3. NAME OF DECEASED (Type or Print) Belle	a. (First)	b. (Middle)	c. (Last) Crouch	4. DATE OF DEATH (Month) (Day) (Year) 9-23-1953
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-26-75	9. AGE (In years last birthday) 78	If UNDER 1 YEAR Months 3 Days 27	If UNDER 12 HOURS Hours 27 Min.
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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 (City and State or Foreign Country) Paola, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Miller	13b. MOTHER'S MAIDEN NAME Tabitha	14. NAME OF HUSBAND OR WIFE Daniel Crouch
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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 Frank Crouch	ADDRESS Butler, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema Bronchitis -		INTERVAL BETWEEN ONSET AND DEATH 2 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia		
	DUE TO (c) Fracture Right Hip.		
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 E9030 20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler Bates MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 5 - 1953 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall on floor -
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22. I hereby certify that I attended the deceased from **Aug-5, 1953**, to **Sept 23, 1953**, that I last saw the deceased alive on **Sept 20, 1953**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Carles W. Luter	(Degree or title) M.D.	23b. ADDRESS Butler, MO.	23c. DATE SIGNED 9-25-53
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 9-25-1953	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler Mo.
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DATE REC'D BY LOCAL REG. Sept 25-53	REGISTRAR'S SIGNATURE Rendall Kerney	25. FUNERAL DIRECTOR'S SIGNATURE Butler - Greenwood	ADDRESS Butler
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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.....
Signature of Student Embalmer

Signed *John H. Underwood*.....

Licensed Embalmer No. *358*

P. O. Address *Butler*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.