No. 300
0-48

FILED SEP 26 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 29436

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4155 Registrar's No. 98

**1. PLACE OF DEATH**
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King City
c. LENGTH OF STAY (in this place): 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN: King City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0380

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): Arthur
c. (Last): Crouch

**4. DATE OF DEATH** (Month) (Day) (Year): Sept, 13, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec, 9, 1878
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Grain
11. BIRTHPLACE (City and State or Foreign Country): Andrew Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Arthur Crouch
13b. MOTHER'S MAIDEN NAME: Alice Caxton
14. NAME OF HUSBAND OR WIFE: Luella Crouch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Luella Crouch — ADDRESS: King City, Missouri

**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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis — 1 yr
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

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* April, 1952, *to* Sept 13, 1955, *that I last saw the deceased alive on* Sept 12, 1955, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. E. Blackstock (Degree or title) M.D.
23b. ADDRESS: King City Mo
23c. DATE SIGNED: 9-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16, 55 September
24c. NAME OF CEMETERY OR CREMATORY: King City
24d. LOCATION (City, town, or county) (State): King City, Missouri

DATE REC'D BY LOCAL REG.: Sept 19-55
REGISTRAR'S SIGNATURE: Maude Williams 4602
25. FUNERAL DIRECTOR'S SIGNATURE: Roland D. Clark — ADDRESS: King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland W. Clark

Licensed Embalmer No. 447

P. O. Address King City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Fa
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.