

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31932**

FILED SEP 26 1955

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 21 years	c. CITY OR TOWN Marshall
d. FULL NAME OF HOSPITAL OR INSTITUTION 520 North Brunswick		e. STREET ADDRESS (If rural, give location) 520 North Brunswick	

3. NAME OF DECEASED (Type or Print) a. (First) **Thomas** b. (Middle) **Estus** c. (Last) **Crutcher**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 17th, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **November 11, 1891** 9. AGE (In years last birthday) **63** IF UNDER 1 YEAR Months **10** DAY **6** IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Civil engineer**

10b. KIND OF BUSINESS OR INDUSTRY **Gen. contracting**

11. BIRTHPLACE (City and State or Foreign Country) **Napton, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Thomas E. Crutcher** 13b. MOTHER'S MAIDEN NAME **Emma Maude Kennedy** 14. NAME OF HUSBAND OR WIFE **Louise Newton Crutcher**

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. **491-07-1307**

17. INFORMANT'S SIGNATURE OR NAME **Mrs T.E. Crutcher** ADDRESS **Marshall, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Pancreas**

INTERVAL BETWEEN ONSET AND DEATH **8 months**

ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 **Aug. 1955** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of Pancreas & metastases** 20. AUTOPSY? YES NO

21a. INCIDENT (Specify) **ACCIDENT SUICIDE HOMICIDE** 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) _____ 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 **9-4**, 19**55**, to **9-17**, 19**55**, that I last saw the deceased alive on **9-17**, 19**55**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE **John L. Semmons** (Degree or title) **M.D.** 23b. ADDRESS **Marshall, Mo.** 23c. DATE SIGNED **9-17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept. 18, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Ridge Park cemetery** 24d. LOCATION (City, town, or county) (State) **Marshall, Mo.**

DATE REC'D BY LOCAL REG. **Sept 18-55** REGISTRAR'S SIGNATURE **Cecil H. Reed** 3850 25. FUNERAL DIRECTOR'S SIGNATURE **CAMPBELL-LEWIS-MARSHALL-** ADDRESS **Mo.**

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1961

MAR 1 1961

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..... *R.W. Campbell*

Licensed Embalmer No. *34*

P. O. Address *Marsha*

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.