

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33175**  
Registrar's No. **4598**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4598</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Home Kansas city mo</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1225 Bales</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>1225 Bales one 3240</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Fred</u>	b. (Middle) <u>Blaine</u>	c. (Last) <u>Crouch</u>	Month <u>10</u>	Day <u>25</u>	Year <u>1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 12, 1888</u>		9. AGE (In years last birthday) <u>66</u>	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) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry Supplier</u>		11. BIRTHPLACE (State or foreign country) <u>State of Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>A. Crouch</u>		13b. MOTHER'S MAIDEN NAME <u>Amrine</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Crouch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-09-5253</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Crouch Kansas city mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		DUE TO (b) <u>Apoplexy</u>				4 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerosis</u>				Ag 54	
2. ANTECEDENT CAUSES		11. OTHER SIGNIFICANT CONDITIONS				20 yrs.	
		Conditions contributing to the death but not related to the disease or condition causing death.				334 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				21. 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)			
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>Jana 154 Oct 21, 1955</u> , that I last saw the deceased alive on <u>Oct 21, 1955</u> , and that death occurred at <u>6:20 pm</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>R. H. Crouch</u> (Degree or title) 2				23b. ADDRESS <u>2805 East 6th</u>		23c. DATE SIGNED <u>10/26/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/28/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palmetto Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rollinsville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-26-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley-Farrell Rollinsville 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed William K. Ferrell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4910

P. O. Address Sejourner, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.