.S. No. 300
EV. 10-46

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

'57 017569
State File No.

FILED MAY 31 1957

BIRTH NO. 31078-57 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 241

**1. PLACE OF DEATH**
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St' John's Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JASPER
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 2210 MOFFET AVE.

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

**4. DATE OF DEATH** (Month) (Day) (Year): May 16, 1957

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: May 16, 1957
**9. AGE** (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min. 3 Hrs.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Infant
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Joplin, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Leslie Crouch
**13b. MOTHER'S MAIDEN NAME**: Mary Fly
**14. NAME OF HUSBAND OR WIFE**:
**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.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Leslie Crouch
ADDRESS: Joplin, Mo.

**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) immature infant (1#6 3/4) — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES

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

DUE TO (b) Premature rupture of Membranes

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**:
**19b. MAJOR FINDINGS OF OPERATION**: 7615
**20. AUTOPSY?** YES ☐ NO ☑

**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* 5-16-, 1957, *to* 5-16-, 1957, *that I last saw the deceased alive on* 5-16-, 1957, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John E. Burch MD
**23b. ADDRESS**: 607 Main Joplin
**23c. DATE SIGNED**: 5-17-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 17-57
**24c. NAME OF CEMETERY OR CREMATORY**: Maple Park
**24d. LOCATION** (City, town, or county) (State): Aurora, Mo.

DATE REC'D BY LOCAL REG.: 5/21/57
REGISTRAR'S SIGNATURE: Dovie Merriam
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: O.L. Marsh, Aurora Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

526

STEVE PARKER

Jasper County

County File Number 57-5-436

Date Filed MAY 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo.

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