

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH24289
STATE FILE NUMBER

FILED JUL 29 1957

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 522

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Rural - Collins 0930	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton Gen;		d. STREET ADDRESS (If outside, give location) Washington Twp;	
3. NAME OF DECEASED (Type or print) First Ellen Middle Edna Last Crouch		4. DATE OF DEATH Month July Day 16 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan; 1, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		11. BIRTHPLACE (City and state or country) Rainey Missouri	
13a. FATHER'S NAME Charles D. Heare		14. NAME OF HUSBAND OR WIFE Deceased	
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. 523-24-4924	
17. INFORMANT Georgia Heare, Collins Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA ESOPHAGUS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 150X	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20a. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 150X	
20c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Clinton, Mo.		20f. COUNTY Clair	
20g. STATE Missouri		20h. DATE SIGNED 16 July, 1957	
21. I attended the deceased from 27 June 1957 to 16 July 1957 and last saw her alive on 16 July 1957 Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Hugh B. Walker, MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/18/57	
23c. NAME OF CEMETERY OR CREMATORY Osceola		23d. LOCATION (City, town, or county) (State) Osceola Mo	
24. FUNERAL DIRECTOR Goodrich 2-HOME - OSCEOLA MO		25. DATE RECD. BY LOCAL REG. 7-20-57	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 7 1957

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 *FB Keenrich*

Licensed Embalmer No. *3038*
P. O. Address *Osceola, Mo.*

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.