

FILED NOV 18 1957

STANDARD CERTIFICATE OF DEATH

State File No. 41250

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>50</u>			
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Granby</u>)			c. LENGTH OF STAY in this place (Township) <u>6 Months</u>		c. CITY OR TOWN <u>Granby</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kimbrough Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>Kimbrough Rest Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Crouch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 7, 1868</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cherryvalley, Ark</u>			12. CITIZEN OF WHAT COUNTRY? <u></u>	
13a. FATHER'S NAME <u>John Crouch</u>			13b. MOTHER'S MAIDEN NAME <u>Flora Robinson</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Goldie Burtrum Miami Okla.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>						<u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						over	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u>						<u>6 months</u>	
		DUE TO (c) <u>4200</u>							
		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						20. 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>Oct 9</u> , 19 <u>57</u> , to <u>Oct. 21</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Oct 16</u> , 19 <u>57</u> , and that death occurred at <u>2:15 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles O. Austin, D.O.</u>				23b. ADDRESS <u>Granby, Mo.</u>			23c. DATE SIGNED <u>10/22/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Goodman, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 24, 1957</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo</u>				

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

RECEIVED

District Health Officer No. Newton
District File Number 1157-248
Date Filed NOV 12 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 Fred J. Clark, Student Embalmer No. 556 working under my personal supervision.

Student Fred J. Clark
Signature of Student Embalmer

Signed Marjelle Pettit

Licensed Embalmer No. 4466
915 Kentland Dr
P. O. Address Newton, N.J.

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.