

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035509

STATE FILE NUMBER

1145

FILED NOV 3 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

300
1-57

4

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Arnold Nursing Home		Length of stay in lb 70 years	d. STREET ADDRESS (If outside, give location) 0117 0 2747 Patee St.
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES N. CROUCH			4. DATE OF DEATH Month Day Year Oct. 24, 1958
5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 12, 1872
9. AGE (In years lost birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Groceryman	11. BIRTHPLACE (City and state or country) Friendville, Nebr. /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Groceryman		10b. KIND OF BUSINESS OR INDUSTRY Grocery Stores	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nathaniel Crouch		13b. MOTHER'S MAIDEN NAME Susan Tracy	14. NAME OF HUSBAND OR WIFE Mina I. Crouch
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. unknown	17. INFORMANT Mrs. Charles Crouch 2747 Patee, St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma, prostate</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			177X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>March 23 '57</i> , to <i>Oct 24 58</i> and last saw ^{her} him alive on <i>Oct 22 1958</i> Death occurred at <i>10:20p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Motherhead</i> (Doctor or title)		22b. ADDRESS <i>2607 Fredrick</i>	22c. DATE SIGNED <i>10-27-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/27/1958	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Buchanan County, Missouri
24. FUNERAL DIRECTOR <i>Horton Bowman</i>		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. <i>Oct. 28, 1958</i>
			26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Woodell</i>

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Dr. John L. Mothershead

Mr. MacLennan
7603 The ...

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 *John V. Henry*
Licensed Embalmer No. *5848*
P. O. Address *H. B. ...*

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.