Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-007013

FILED MAR 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1953

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri — Inside Limits Yes XX No ☐

c. CITY OR TOWN Troy — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Children's Hospital — Length of stay in 1b 13days

d. STREET ADDRESS (If outside, give location) Route Two — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Ronald Daune Crouch

4. DATE OF DEATH Month Day Year: February 21, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/18/54

9. AGE (In years last birthday): 4 years — 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): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Troy, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Glenn Elwood Crouch

13b. MOTHER'S MAIDEN NAME: Violet Owen

14. NAME OF HUSBAND OR WIFE: never married

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.: none

17. INFORMANT: EMOrsech — Address: 500 S. Kingshighway-St.Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute lymphocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 204.3
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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb.9,1959, to Feb.21,1959 and last saw her/him alive on February 21, 1959
Death occurred at 9:00 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard L. Spitz M.D.

22b. ADDRESS 500 South Kingshighway Blvd.

22c. DATE SIGNED 2/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 2/21/59

23c. NAME OF CEMETERY OR CREMATORY TROY CEMETERY

23d. LOCATION (City, town, or county) (State) TROY, MO

24. FUNERAL DIRECTOR: HEMPER-MARSH FUN. HOME — ADDRESS: TROY, MO

25. DATE REC'D BY LOCAL REG. FEB 24 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(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.

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 Joseph D. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.