

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020742
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 48

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lathrop, Twms		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron, Hospt.		Length of stay in lb 6 wks.	d. STREET ADDRESS (If outside, give location) East Turney		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ROTHWELL K. CROUCH			4. DATE OF DEATH Month Day Year June. 6, 1959		
5. SEX Male	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 Nov. 15, 1894	9. AGE (In years birthday) 64	IF UNDER 1 YEAR Months Days 6 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Turney, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Aden P. Crouch		13b. MOTHER'S MAIDEN NAME Alice V. Sloan.		14. NAME OF HUSBAND OR WIFE Edith Ruth 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.		17. INFORMANT Address Mrs. Edith Ruth Crouch, Turney, MD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adykins Disease					INTERVAL BETWEEN ONSET AND DEATH 3 months
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) 201X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <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 3/9/59 to 6/7/59 and last saw ^{him} alive on 6/7/59 Death occurred at 1:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. J. H. Thompson			22b. ADDRESS Cameron, Mo		22c. DATE SIGNED 6-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 9. 59	23c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery		23d. LOCATION (City, town, or county) (State) Lathrop, Mo.
24. FUNERAL DIRECTOR DeMoss Crunk		ADDRESS Cameron, Mo.		25. DATE RECD. BY LOCAL REG. 6-18-59	26. REGISTRAR'S SIGNATURE Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

SEP 4 1959

NOV 12 1959

MS AUG 3 1960

MS AUG 7 1959

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 DeMoss Crunk *DeMoss Crunk*

Licensed Embalmer No. 2533.....
P. O. Address Cameron, 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.