URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047030

STATE FILE NUMBER

FILED VS DEC 1 9 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 414

ENDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Benton
c. CITY OR TOWN WINDSOR
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 2 10 miles S.E.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First TOM Middle LLOYD Last CROUCH
4. DATE OF DEATH Month Dec Day 10 Year 1960
5. SEX Male
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 4, 1907
9. AGE (last birthday) 53
IF UNDER 1 YEAR Months 5 Days 6
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming - School Bus
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Camden Co, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME David Crouch
13b. MOTHER'S MAIDEN NAME Nellie Butts
14. NAME OF HUSBAND OR WIFE Artie Crouch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 494-20-1211
17. INFORMANT Artie Crouch Address Rt 2, Windsor, Mo

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 Myeloblastic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 6 days
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 12-5-60 to 12-10-60 and last saw her/him alive on 12-9-60
Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. S. Hopkins, M.D.
22b. ADDRESS 609 S. Limit Sedalia, Mo.
22c. DATE SIGNED 12-12-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 13, 1960
23c. NAME OF CEMETERY OR CREMATORY Laurel Oak
23d. LOCATION (City, town, or county) (State) WINDSOR Henry Co, Mo
24. FUNERAL DIRECTOR John T Reser ADDRESS Warsaw
25. DATE RECD. BY LOCAL REG. 12-13-1960
26. REGISTRAR'S SIGNATURE Frances A Kelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

DEC 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 409

P. O. Address Warsa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.