

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009866

Registration District No. 231 Primary Registration District No. 4342 Registrar's No. 17

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville		c. CITY OR TOWN Wellsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 411 Clay St.		d. STREET ADDRESS (If outside, give location) 411 Clay St.	
3. NAME OF DECEASED (Type or print) First Middle Last NANCY SUSAN CROUCH		4. DATE OF DEATH Month Day Year April 2, 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1981
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Callaway Co. Mo
13a. FATHER'S NAME G.R. Paden		13b. MOTHER'S MAIDEN NAME Martha Payton	
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. none	
17. INFORMANT William Crouch, Wellsville, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) edema DUE TO (c) Myocardial degeneration			INTERVAL BETWEEN ONSET AND DEATH 2 years 18 years
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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			
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 Jan, 1934 to April 2, 1961 and last saw her live on April 1, 1961 Death occurred at 4 h m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. W. Payton M.D.		22b. ADDRESS Wellsville Mo	22c. DATE SIGNED 4/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 4, 1961	23c. NAME OF CEMETERY OR CREMATORY Augusta	23d. LOCATION (City, town, or county) State Callaway Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Howard F. Myers, Wellsville, Mo		25. DATE RECD. BY LOCAL REG. April 3, 1961	26. REGISTRAR'S SIGNATURE Laura S Callaway

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 Howard F Myers

Licensed Embalmer No. 4094

P. O. Address Wellsville, 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.