

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15512**

Registrar's No. **484**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **484**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby, Rural	
c. LENGTH OF STAY (In this place) 6 weeks		d. STREET ADDRESS (If rural, give location) rt. 1 (3 mi. northwest of town)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Bryan	b. (Middle) ---	c. (Last) Crouch	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1897	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months 2	11. UNDER 2 HRS. Days 30	12. CITIZEN OF WHAT COUNTRY? USA
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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 (State or foreign country) Granby, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME E. W. Crouch	13b. MOTHER'S MAIDEN NAME Estella Cammer	14. NAME OF HUSBAND OR WIFE Nora Crouch
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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. No	17. INFORMANT'S SIGNATURE OR NAME Nora Crouch	ADDRESS Granby, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscess		3 weeks
	ANTECEDENT CAUSES DUE TO (b) pulmonary infarct DUE TO (c) Osteomyelitis of femur		5 weeks 40 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			73.0

19a. DATE OF OPERATION April 18, 1949	19b. MAJOR FINDINGS OF OPERATION Chronic osteomyelitis of femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 17, 1949**, to **May 30, 1949**, that I last saw the deceased alive on **May 29, 1949**, and that death occurred at **2:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel L. Yancey M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED May 31, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/30/49	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) near Granby, Missouri
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DATE REC'D BY LOCAL REG. 5-31-49	REGISTRAR'S SIGNATURE W.F. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Norman Schaefer	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Lewis P. Schupp.....

Licensed Embalmer No. 38102.....

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.