

FILED JUN 22 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20372

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>NEWTON</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)			
TOWN <u>GRANBY</u>		<u>16 hours</u>		TOWN <u>GRANBY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>EDWARD</u>			b. (Middle) <u>CROUCH</u>			c. (Last) <u>CROUCH</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 28 - 1870</u>	
9. AGE (In years, last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>78</u>		<u>FARMER</u>		<u>CHERRY VALLEY ARK</u>		<u>AMERICAN</u>	
13a. FATHER'S NAME <u>John Crouch</u>		13b. MOTHER'S MAIDEN NAME <u>FLORENCE</u>		14. NAME OF HUSBAND OR WIFE <u>ESTELLA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Estella Crouch</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive renal disease</u>				<u>2 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>April 20, 1949</u> , to <u>June 12, 1949</u> , that I last saw the deceased alive on <u>June 12, 1949</u> , and that death occurred at <u>2:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mary Alice Chester Do</u>				23b. ADDRESS <u>Granby, Mo</u>		23c. DATE SIGNED <u>6/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>JUNE 14 - 49</u>		<u>GREENWOOD</u>		<u>NORTH GRANBY</u>	
DATE REC'D BY LOCAL REG. <u>June 16, 1949</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK Bigham</u>		ADDRESS <u>Neosho, Mo.</u>	

(Deceased Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Newtown
District Health Officer No. *Staff Unit*
District File Number *649-111*
Date filed *RECORDED* JUN 21 1949

7 28-200

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 *K. Ly - White*

Licensed Embalmer No. *4240*

P. O. Address *Neosho, 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.