

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7342**

FILED MAR 12 1951

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6245** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Rural Walton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walton Twp.	
c. LENGTH OF STAY (In this place) 49.		d. STREET ADDRESS (If rural, give location) Shirley 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shirley mo.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Queen c. (Last) Crouch		4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1951	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 12-1890
9. AGE (In years last birthday) 60		10. MONTHS 4	11. DAYS 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Washington Ind.!		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Crouch	13b. MOTHER'S MAIDEN NAME Margaret Comley	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) Washington!	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Margaret Kastner ADDRESS St. Louis mo.

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 481X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Overnight			
19a. DATE OF OPERATION mo	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 **no physician**, to _____, 19____, that I last saw the deceased alive on **never**, 19____, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph L. Thurman (Degree or title) Coroner	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED 2-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-3-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cmtry	24d. LOCATION (City, town, or county) (State) Bellville Ill.
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DATE REC'D BY LOCAL REG. 2/28/51	REGISTRAR'S SIGNATURE Herbert Rudall	25. FUNERAL DIRECTOR'S SIGNATURE Mr. Luther Spahr ADDRESS Potosi Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. 351-70
WASH. COUNTY HEALTH DEPT.

MAR 6 1951

RECEIVED

MAR 12 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Stat Run, MD

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.