

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37632**

05
0

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noyes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1408 Pratt St.</u>	
3. NAME OF DECEASED a. (First) <u>Eugene</u> b. (Middle) <u>Nolan</u> c. (Last) <u>Crouch Sr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-20-1952</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>6-9-1878</u>
9. AGE (In years) (last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Contractor and Builder</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>A. M. Crouch</u>	
13b. MOTHER'S MAIDEN NAME <u>Helen Chamberlain</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Sublett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Eugene N. Crouch Sr, Columbia, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma Rectum</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 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>154x</u>	
19a. DATE OF OPERATION <u>8-18-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Cancer of Rectum</u>	
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>8-13-52</u> , 19 <u>52</u> , to <u>11-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-19</u> , 19 <u>52</u> , and that death occurred at <u>6:55 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Hodden</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Professional Bldg Columbia</u>	
23c. DATE SIGNED <u>11-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 22, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 22 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmore</u> <u>31-</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Carver Funeral Service</u>		ADDRESS <u>Columbia, Mo.</u>	

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia D.

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.