

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11922**
 BIRTH NO. **FILED MAY 3 1954** REG. DIST. NO. **141** PRIMARY REG. DIST. NO. **5551** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Hiway 63		c. CITY OR TOWN Koshkonong	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4 Mile S of West Plains, Mo.		e. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) BILLIE		b. (Middle) DEAN	
		c. (Last) CROUCH	
4. DATE OF DEATH (Month) (Day) (Year) April 17-1954		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) YIM	
8. DATE OF BIRTH Nov. 1-1950		9. AGE (In years last birthday) 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Oregon County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cecil D. Crouch		13b. MOTHER'S MAIDEN NAME Telsie L Ferguson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME C. D. Crouch ADDRESS Rt 1 Koshkonong, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH Immed.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #63	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Howell Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-17-54 1:54	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Blows from Overturning Truck	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Joe C. Duncan (Degree or title) Craner		23b. ADDRESS Mtn View, Mo.	
23c. DATE SIGNED 4-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 4-20-54	
24c. NAME OF CEMETERY OR CREMATORY city		24d. LOCATION (City, town, or county) (State) Mountain View, Mo.	
DATE REC'D BY LOCAL REG. 4-27-54		REGISTRAR'S SIGNATURE Beatrice Cook 379	
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home ADDRESS Mtn View, Mo.			

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

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 *Joel P. Duncan*.....

Licensed Embalmer No. *422*.....

P. O. Address *St. Louis*.....

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.