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FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12014
1713

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE MISSOURI b. COUNTY MISSOURI MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (If this place) 8 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FISHING RIVER	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 3 MILES NE Ex. SPRINGS.	

3. NAME OF DECEASED (Type or Print) DONALD			4. DATE OF DEATH APRIL 16 1954		
a. (First)	b. (Middle)	c. (Last) CROUSE	Month	Day	Year

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH July 27 1951		9. AGE (In years last birthday) 2	If UNDER 1 YEAR	If UNDER 1 MONTH	If UNDER 1 HOUR	If UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) EXCELSIOR SPRINGS, MO		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ANDREW CROUSE	13b. MOTHER'S MAIDEN NAME LUCILLE YOUNT	14. NAME OF HUSBAND OR WIFE NONE
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME ANDREW CROUSE, FISHING RIVER, MO		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchoalitis, acute				
*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	DUE TO (b)	DUE TO (c)	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		4917

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY	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 4-16-1954, to 4-16-1954, that I last saw the deceased alive on 4-16-1954 and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE Ernest F. Shasrock, M.D.	(Degree or title) O	23b. ADDRESS Blue Time Bldg.	23c. DATE SIGNED 4-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-16-54	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS, MO.
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DATE REC'D BY LOCAL REG. 4-16-54	REGISTRAR'S SIGNATURE Geraldine Smith	FUNERAL DIRECTOR'S SIGNATURE Paul Richard	ADDRESS Excelsior Springs, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Ralph E. VanLandingham

Licensed Embalmer No. _____

4009

P. O. Address _____

Essex Springs

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.