

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5458

State File No.

FILED FEB 18 1955

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Mt. Vernon</u>	c. LENGTH OF STAY (in this place township) <u>15 days</u>	c. CITY OR TOWN <u>Miller</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smart Past Home College</u>		f. STREET ADDRESS (If rural, give location) <u>0 550</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) _____ c. (Last) <u>Crouch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-30-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>3-3-1871</u>	9. AGE (In years last birthday) <u>83</u>	10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. Mo.</u>	
13a. FATHER'S NAME <u>Tibbman Crouch</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vida Ward</u>		ADDRESS <u>Miller Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6+ Wks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility + Debility</u>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>			<u>2/10/55</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) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

I hereby certify that I attended the deceased from 12/26, 1950, to 1/29, 1955, that I last saw the deceased alive on 1/29, 1955, and that death occurred at 10:59 a.m., from the causes and on the date stated above.

22. SIGNATURE <u>Samuel Slater, Jr.</u> (Deputy or title)	23. ADDRESS <u>Mt. Vernon, Mo.</u>	23a. DATE SIGNED <u>1/27/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>
DATE REC'D BY LOCAL REG. <u>2-10-55</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>0 Morris Keimer</u>		ADDRESS <u>Miller Mo.</u>

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

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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 *S. P. Leiman*.....

Licensed Embalmer No. 3297

P. O. Address *Miller*.....

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.