

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19328

State File No.

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy RURAL</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Hawkpoint</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>0570</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle) <u>Price</u>	c. (Last) <u>Crouse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 14 1888</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Frank Crouse</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Brown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Porter Crouse Troy MO.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		<u>24 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>phlebotrombosis</u> DUE TO (c) <u>610X</u>		<u>(?)</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic cardiomyopathy</u>			

19a. DATE OF OPERATION <u>6-7-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophic cardiomyopathy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1</u>

22. I hereby certify that I attended the deceased from 5-21, 1955, to 6-12, 1955, that I last saw the deceased alive on 6-12, 1955, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Humber 402</u>	23b. ADDRESS <u>Troy Mo.</u>	23c. DATE SIGNED <u>6-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/14/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Troy Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-55</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>	ADDRESS <u>Troy Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
0.48
10
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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.....

Wayne McCoy
Licensed Embalmer No. 35

P. O. Address *Troy Mo*

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.