

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21040**

FILED JUN 19 1956

BIRTH NO.		REG. DIST. NO. <b>171</b>		PRIMARY REG. DIST. NO. <b>5638</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Sniabar Twns.</b>			c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Sniabar Twns.</b>			<b>6540</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clarence</b>				d. STREET ADDRESS (If rural, give location) <b>4 Miles S W of Odessa</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Clarence</b>		b. (Middle) <b>David</b>		c. (Last) <b>Crouch</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 19, 1891</b>	
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lafayette Co., Mo.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>W. T. Crouch</b>			13b. MOTHER'S MAIDEN NAME <b>Mary L. McClure</b>			14. NAME OF HUSBAND OR WIFE <b>Mattie Crouch</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-42-9796</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mattie Crouch, Odessa, Mo.</b>			
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) <b>Pneumonia (Hypostatic)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ch. Nephritis</b> DUE TO (c) <b>Ch. Myocarditis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Constrictive heart failure</b>					INTERVAL BETWEEN ONSET AND 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)		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.)	
21d. TIME OF INJURY		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 <b>6/7</b> , 19 <b>56</b> , to <b>6/11</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6/11</b> , 19 <b>56</b> , and that death occurred at <b>9:2</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. Davidson M.D.</b>				23b. ADDRESS <b>Odessa Mo.</b>		23c. DATE SIGNED <b>6/12/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 13, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Concord Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lafayette Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6/12/56</b>		REGISTRAR'S SIGNATURE <b>Eunna Davidson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Human Sparks, Odessa, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

546

3

JUN 26 1955

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

*William T. Sparks*

Licensed Embalmer No. *#4431*

P. O. Address

*Odessa, 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 this body is not embalmed, fact should be so stated above.