

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21423**  
Registrar's No. **255**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3057**

1. PLACE OF DEATH  
a. COUNTY **Pettis**  
b. CITY (If outside corporate limits, write RURAL and give town) **Sedalia**  
c. LENGTH OF STAY (in this place) **40 yrs**  
c. CITY OR TOWN **Sedalia**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **514 West 6th**  
e. STREET ADDRESS (If rural, give location) **514 West 6th**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY **Pettis**  
c. CITY OR TOWN **Sedalia**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **514 West 6th**

3. NAME OF DECEASED  
a. (First) **CHARLES**  
b. (Middle) **M.**  
c. (Last) **CROUCH**  
4. DATE OF DEATH (Month) **June** (Day) **23** (Year) **1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 15, 1877** 9. AGE (In years last birthday) **79** 10. UNDER 1 YEAR Months **7** Days **9** 11. UNDER 1 MRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Machinist** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad shops** 11. BIRTHPLACE (City and State or Foreign Country) **Carlinville, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wm. Nathan Crouch** 13b. MOTHER'S MAIDEN NAME **Alice Ann New** 14. NAME OF HUSBAND OR WIFE **Maude Eckhoff Crouch**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give year or date of service) **NO** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Maude Crouch, 514 W. 6th** ADDRESS **Sedalia, Mo.**

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cardiac Decompensation due to arteriosclerotic heart disease;**  
ANTECEDENT CAUSES **Portal cirrhosis; and Diabetes Mellitus.**  
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.  
INTERVAL BETWEEN ONSET AND DEATH **about 4 years**  
**3 years**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  **260X**

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **May, 1953**, to **June 23, 1956**, that I last saw the deceased alive on **June 23, 1956**, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **SP Ayer MD** (Degree or title) **M. D.** 23b. ADDRESS **Sedalia, Mo.** 23c. DATE SIGNED **6/23/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/25/56** 24c. NAME OF CEMETERY OR CREMATORY **Crown Hill Cemetery** 24d. LOCATION (City, town, or county) (State) **Sedalia, Missouri**

DATE REC'D BY LOCAL REG. **6-25-56** REGISTRAR'S SIGNATURE **Darwin Coontz** FUNERAL DIRECTOR'S SIGNATURE **Wm. C. ...** ADDRESS **Sedalia, Mo.**

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

510

JUL  
6 1959

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 *P. E. Baker*.....

Licensed Embalmer No. *2419*.....

P. O. Address *Sedalia*.....

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.