

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33379**

FILED NOV 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u> <u>rural</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home of Ralph Crouch</u>			

3. NAME OF DECEASED (First) (Middle) (Last) <u>Sam</u> <u>Thomas</u> <u>Crouch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct</u> <u>27</u> <u>1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Mar 28 1872</u>		9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Howe Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Charlie Rouch</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lulu Crouch</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes: no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. <u>no</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ralph Crouch</u>		16. ADDRESS <u>Van Buren</u>			

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) <u>Acute Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
		DUE TO (c) <u>Generalized arteriosclerosis</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis and Emphysema</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H2O.O</u>		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) m.		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 Oct, 1955, to death, 1956, that I last saw the deceased alive on 10-26, 1956, and that death occurred at 8:00 a.m., from the causes and on the date stated above. 10-27-56

23a. SIGNATURE <u>Charles D. Ottomeyer</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>10-30-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kelly Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 4 - 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Huson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pruitt</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 1 1956

CARTER COUNTY
HEALTH CENTER

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.