

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

371

STATE FILE NUMBER

XC-1666253
Reg #154 FILED FEB 13 1958

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

175

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57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OZARK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ZANONI
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in lb 71 DAYS	d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY
3. NAME OF DECEASED (Type or print) First NEWMAN Middle EARL Last CROUCH			4. DATE OF DEATH Month JANUARY Day 29 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-26-89
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) ATKINSON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME BURTON RICHARD BROUCH	
13b. MOTHER'S MAIDEN NAME ADDIE REBECCA HIGGINS		14. NAME OF HUSBAND OR WIFE SOPHIA J. CROUCH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 446031678	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS, ANTERIOR.			INTERVAL BETWEEN ONSET AND DEATH 1-2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, CHRONIC, CORONARY.			Unknown
DUE TO (c) PULMONARY HEART DISEASE, CHRONIC.			Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHIECTASIS, CHRONIC AND EMPHYSEMA, CHRONIC.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. attended the deceased from Nov. 19, 1957 to Jan. 29, 1958 Death occurred at 4:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Lester Harwell</i> J. LESTER HARWELL, M. D.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 1-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-30-58	23c. NAME OF CEMETERY OR CREMATORY Zanoni Chapel Cem.	23d. LOCATION (City, town, or county) (State) Zanoni, Mo.
24. FUNERAL DIRECTOR Frank-Cotrell	ADDRESS Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 2/8/58	26. REGISTRAR'S SIGNATURE <i>R. M. ...</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

FEB 11 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Charles E. Mungle* _____

Licensed Embalmer No. *4877*

P. O. Address *Poplar Bl*

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.