

Health,
Welfare
Public
Service

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-57

GILLESPIE FUNERAL HOME

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010947

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1407 East 13th		d. STREET ADDRESS (If outside, give location) 1407 East 13th	
3. NAME OF DECEASED (Type or print) First LYDIA Middle IRENE Last CROUCH		4. DATE OF DEATH Month April Day 1 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Rolls County, Missouri
13a. FATHER'S NAME C.T. BRUNSON		13b. MOTHER'S MAIDEN NAME Drusella HUNT	14. NAME OF HUSBAND OR WIFE Everett Crouch (dec. 1948)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Donald Crouch, 1407 E. 13th, Sedalia, 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) pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) longstone heart failure			
DUE TO (c) apoplexy			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 0	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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. I attended the deceased from <u>2/11/58</u> to <u>4/1/58</u> and last saw ^{her} him alive on <u>3/31/58</u> Death occurred at <u>4:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Mainwaring D.O. 2 (Degree or title)		22b. ADDRESS Sedalia Mo.	22c. DATE SIGNED 4/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 3, 1958	23c. NAME OF CEMETERY OR CREMATOR Mountain View	23d. LOCATION (City, town, or county) (State) Mountain View, Missouri
24. FUNERAL DIRECTOR ADDRESS D. W. HECKART, Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. 4-1-58	26. REGISTRAR'S SIGNATURE Frances Shelby

STATE BOARD OF HEALTH

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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. 9-775 working under my personal supervision.

Student *Delbert J. Hoff*
Signature of Student Embalmer

Signed *DW Herbert*

Licensed Embalmer No. 3470
P. O. Address Sedalia, 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.