

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020657
STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MILAN</u> <u>1050</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SULLIVAN CO MEMORIAL HOSP 10 DA</u>			Length of stay in lb			d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>ELLIS</u> Middle <u>WARD</u> Last <u>CROUSE</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>19</u> Year <u>1958</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT 20 1867</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GEN FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>MILAN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN SHANNON CROUSE</u>				14. MOTHER'S MAIDEN NAME <u>VIRGINIA SPRINGER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Eula M. Clonhey</u> <u>Shen City</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Regularly h. fever -</u> <u>acute changes -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
20a. ACCIDENT <input checked="" 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.) <u>fell on courthouse steps</u>				
20c. TIME OF INJURY Hour <u>11</u> Month <u>5</u> Day <u>19</u> Year <u>58</u> P. M.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.) <u>Courthouse Bldg.</u>		20f. CITY, TOWN, OR LOCATION <u>Milam</u> <u>165</u> COUNTY <u>Sullivan</u> STATE <u>MO.</u>			
21. I attended the deceased from <u>4-9-58</u> to <u>5-19-58</u> and last saw him alive on <u>5-19-58</u> Death occurred at <u>4:15</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. W. Dugnon D.O.</u> (Degree or title)				22b. ADDRESS <u>Milam Mo.</u>		22c. DATE SIGNED <u>5-20-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 21 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOVELL</u>		23d. LOCATION (City, town, or county) (State) <u>MILAN</u> <u>MO</u>		
24. GENERAL DIRECTOR <u>Reggie Funeral Home Milam</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>5-28-58</u>		26. REGISTRAR'S SIGNATURE <u>Thomas C. Durdon</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Samuel L. Ligon*

Licensed Embalmer No. *37*

P. O. Address *W. Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.