

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000666  
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 15

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1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 Chestnut Street		d. STREET ADDRESS (If outside, give location) 206 Chestnut Street	

3. NAME OF DECEASED (Type or print) First Middle Last MRS. MARY ETTA CROUCH			4. DATE OF DEATH Month Day Year January 17, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1890	9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 5 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Harris	13b. MOTHER'S MAIDEN NAME Susan Humphrey	14. NAME OF HUSBAND OR WIFE Charles Nelson Crouch
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Lawrence Crouch	Address Jefferson City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE(S) Malnutrition & Cancer		INTERVAL BETWEEN ONSET AND DEATH Approx 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Give nature of injury in PART I or PART II, item 18.) Woman was member of Christian Science sect. Had been in failing health for past 5 years. Had never been attended by medical doctor. Investigation revealed death due to natural causes.
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20c. TIME OF INJURY Jan 17 1959	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home	20e. CITY, TOWN, OR LOCATION Jefferson City	20f. COUNTY Cole	20g. STATE Mo.
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21. I attended the deceased from Death occurred at 2:00 A. M.	to _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Clotilda M. Corcoran	(Degree or title) Coroner Cole County	22b. ADDRESS 630 Adams St. - Jefferson City Mo	22c. DATE SIGNED 1/17/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-17-59	23c. NAME OF CEMETERY OR CREMATOR St Joseph Cem	23d. LOCATION (City, town, or county) (State) St Joseph Mo
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24. FUNERAL DIRECTOR Walter Minhoff	ADDRESS St Joseph Mo	25. DATE RECD. BY LOCAL REG. 17 Jan 1959	26. REGISTRAR'S SIGNATURE R. C. Darrin, MD MR
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(By - Victor Buecher - 9c mo) (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

MEICAL CERTIFICATION  
Certified true and correct - signed by J. P. [unclear] - Surgeon General - Missouri - St. Joseph - Mo. - 1/17/59

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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 before....., Student Embalmer No. ....

working under my personal supervision.

Student Joseph.....

Signature of Student Embalmer

Signed Walter Minkoff Jr......

Licensed Embalmer No. 1890.....

P. O. Address 1941 Colman St. Joseph, Mo......

*Not embalmed before taking to private place - by son of deceased's, brother. Norma Rich 17 Jan 1959 Reg.*

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.