

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008137

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 38-1

Primary Registration District No. 4575

Registrar's No. 15

300  
-57

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> COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Milan</u> 1050 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sull. Co. M. Hosp</u>		Length of stay in lb <u>5 hrs</u>	d. STREET-ADDRESS (If outside, give location) <u>1011 Twp</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Lee</u> Last <u>Crouse</u>			4. DATE OF DEATH Month <u>2</u> Day <u>3</u> Year <u>1959</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-20-1874</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Milan - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>John Crouse</u>		13b. MOTHER'S MAIDEN NAME <u>Hulda Spalke</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha</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. <u>-</u>	17. INFORMANT Address <u>Bertha Crouse Milan - Mo</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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> c

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.) <u>331X</u>	
20c. TIME OF INJURY Hour _____ 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 2-3-59 to 2-3-59 and last saw <sup>him</sup> alive on 2-3-59  
Death occurred at 5:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. Rabenun</u> (Degree or title) <u>D.O. 2</u>	22b. ADDRESS <u>Milan, Mo</u>	22c. DATE SIGNED <u>2-6-59</u>
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23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	23b. DATE <u>2-5-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lovell Cem</u>	23d. LOCATION (City, town, or country) <u>Milan</u> (State) <u>Mo</u>
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24. FUNERAL DIRECTOR <u>Bertha Schreier</u> ADDRESS <u>Milan Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-9-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... *Dwight Scherer* .....

Licensed Embalmer No. *2667* .....

P. O. Address *Ulan - 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.