

FILED VS AUG 31 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-028004

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 256

S. 300
v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Pettis Township		c. CITY OR TOWN Pettis Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		STREET ADDRESS R.F.D. La Plata, Mo. South West of Kirksville	
3. NAME OF DECEASED (Type or print) First Everett Middle Emi Last Crout		4. DATE OF DEATH Month August Day 19 Year 1959	
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 February 2 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Adair County Missouri
13a. FATHER'S NAME James Crout		13b. MOTHER'S MAIDEN NAME Gertrude Wood	14. NAME OF HUSBAND OR WIFE Blanche Lola Crout
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. 497-07-4622	17. INFORMANT Address Blanche Lola Crout, La Plata 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) Suffocation DUE TO (b) Tractor overturned on him. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9121			INTERVAL BETWEEN ONSET AND DEATH minutes
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.) Mr Crout had started up a steep bank, the tractor overturned backwards pinning him underneath it, the steering wheel came to rest upon his chest and the weight of the tractor was supported on chest.	
20c. TIME OF INJURY Hour 4:30 Month 8 Day 19 Year 1959		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in field, on farm		20f. CITY, TOWN, OR LOCATION COUNTY STATE RFD, La Plata, Adair, Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Novia E. Foster Coroner		22b. ADDRESS Adair, 402 N. Elson, Kirksville, Mo.	
22c. DATE SIGNED 8/21/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 22 1959	
23c. NAME OF CEMETERY OR CREMATORY Indian Hill		23d. LOCATION (City, town, or county) (State) Adair County Missouri	
24. FUNERAL DIRECTOR W. H. McCallum South Gifford		25. DATE RECD. BY LOCAL REG. Aug 22 1959	
		26. REGISTRAR'S SIGNATURE Doris W. Pettif	

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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. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clyde McCallum*

Licensed Embalmer No. *3226*.....

P. O. Address *S. Gifford, 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.