

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038879

FILED VS OCT 21 1960

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 98

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Length of stay in 1b 35 years	c. CITY OR TOWN Aurora Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 224 West Lee		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 224 West Lee Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Simon Middle L. Last Crouch			4. DATE OF DEATH Month October Day 16 Year 1960		
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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 12/4/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Barry County	12. CITIZEN OF WHAT COUNTRY USA.
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13a. FATHER'S NAME A. C. Crouch	13b. MOTHER'S MAIDEN NAME Martha Arms	14. NAME OF HUSBAND OR WIFE Edith Crouch
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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. 491-12-2931	17. INFORMANT Address Mrs. Edith Crouch, 224 West Lee, Aurora, 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 (a) Haemorrhage, Cerebral, Right Side Stroke		INTERVAL BETWEEN ONSET AND DEATH 5 years 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis, Cerebral.	
	DUE TO (c) Arteriosclerosis, Generalized	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Amputation, both lower Extremities, Right		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 Aurora, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from July 1, 1959 and last saw him alive on October 15, 1960 Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald T. Gray M.D.	22b. ADDRESS Aurora, Mo.	22c. DATE SIGNED 10/18/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/19/1960	23c. NAME OF CEMETERY OR CREMATORY Calton Cemetery	23d. LOCATION (City, town, or county) near Verona, Missouri
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24. FUNERAL DIRECTOR Oscar L. Marsh, 229 W. Church, Aurora, Mo.	25. DATE RECD. BY LOCAL REG. 10-19-1960	26. REGISTRAR'S SIGNATURE Ora Mc Nett
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

