

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027053

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 261

STATE FILE NUMBER

AMENDED

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 11 yrs	c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 601 W. Gardner		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 601 W. Gardner Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) JAMES ARTHUR CROUT			4. DATE OF DEATH July 29 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Widowed	8. DATE OF BIRTH 1/12/81	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
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, Mo.	
13a. FATHER'S NAME William Crout		13b. MOTHER'S MAIDEN NAME Mary Nausweather		14. NAME OF HUSBAND OR WIFE Nora Wood Crout	
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. No		17. INFORMANT Nora Crout, Kirksville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral thromtosis		Several days
DUE TO (b) Arteriosclerosis		Several years
DUE TO (c) Senility		Several yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		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.)	
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 **July 1951** to **July 24, 1963** and last saw him alive on **7/24/63**
Death occurred at **4 AM (estim)** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.R. Roderick (Degree or title) J.R. Roderick, D.O.	22b. ADDRESS 104 1/2 N Franklin Kirksville, Missouri	22c. DATE SIGNED July 30 1963 (state)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-31-63	23c. NAME OF CEMETERY Indian Hill
23d. LOCATION (City, town, or county) Adair County, Mo.		

24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. July 31, 1963	26. REGISTRAR'S SIGNATURE Doris W. Patten
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Roderick

VS 300 Rev. 4/59
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USE BLACK INK OR TYPEWRITER RIBBON

J. R. ROEDERICK, D.O.

Permit issued
1-14

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 Nora E. Foster

Licensed Embalmer No. 4742

P. O. Address Furkamily 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.