

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050959

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 21 1964

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	
Length of stay in lb <u>31 years</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1220 Madison Ave.</u>		d. STREET ADDRESS (if outside, give location) <u>1220 Madison Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Buddy</u> Middle <u>Lee</u> Last <u>Crouse</u>		4. DATE OF DEATH Month <u>December</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 18, 1903</u>
9. AGE (last birthday) <u>60</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>yard</u>	11. BIRTHPLACE (City and state or country) <u>Henderson, Tennessee</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry S. Crouse</u>	
13b. MOTHER'S MAIDEN NAME <u>Sallie Jarrett</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u> )		16. SOCIAL SECURITY NO. <u>                    </u>	
17. INFORMANT <u>Mrs. Linnie Huffman, Memphis, Tenn.</u>		Address <u>                    </u>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>carcinoma of the abdomen involving the</u> DUE TO (b) <u>liver; type unknown</u> DUE TO (c) <u>                    </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 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 <u>                    </u> a.m. <u>                    </u> p.m. <u>                    </u> Month, Day, Year <u>                    </u>	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 <u>5-16-60</u> to <u>12-25-63</u> and last saw her/him alive on <u>12-9-63</u> Death occurred at <u>                    </u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. W. McKaskle M.D.</u>		22b. ADDRESS <u>Box 201, Caruthersville</u>	22c. DATE SIGNED <u>12-30-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 26, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	23d. LOCATION (City, town, or county) <u>Caruthersville, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Noel C. Dean Caruthersville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-31-63</u>	26. REGISTRAR'S SIGNATURE <u>Jack W. Tipton</u>

C. W. McKaskle, MD  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

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Name \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Color of Hair \_\_\_\_\_

Color of Eyes \_\_\_\_\_

Color of Skin \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Build \_\_\_\_\_

Complexion \_\_\_\_\_

Scars \_\_\_\_\_

Other \_\_\_\_\_

Signature of Licensed Embalmer \_\_\_\_\_

Date \_\_\_\_\_

**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 \_\_\_\_\_  
 Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.