

# CERTIFICATE OF DEATH

72- 054602

Department of Health and Rehabilitative Services  
 DIVISION OF HEALTH  
 BUREAU OF VITAL STATISTICS

## FLORIDA

STATE FILE NO. \_\_\_\_\_

REGISTRAR'S NO. \_\_\_\_\_

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JACK		ALBERT	CROUCH, Sr.	Male	3. August 25, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White		5a. 68	5b. MOS. 5c. DAYS	5d. HOURS 5e. MIN.	6. Oct. 12, 1903	7a. Lake
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. Leesburg			7c. Yes	7d. Medic-Home Health Center of Leesburg		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. North Carolina		9. United States		10. Widowed		11. None
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY	
12. 258-05-4086		13a. Salesman			13b. Retail Lumber	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Florida	14b. Lake	14c. Leesburg		14d. Yes	14e. 2000 Edgewood Ave.	

FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. Pierce	Butler	Crouch	16. Theodora	Lavadia	Mims		

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Mr. Jack A. Crouch, Jr.	17b. 1505 Floradel Ave., Leesburg, Florida 32748

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Increased Intracranial Pressure			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Cerebral (astrocytoma) of brain			
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c)			AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
			19a. No	19b.

(Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.	

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	July	1972	21b. August 25	1972	21c. Aug 18	1972	21d. Did Not	21e. 7:10 P.M.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		YEAR		HOUR		
22a.		22b. August 25		1972		22c.		22d.		

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Dr. Francis W. Coleman	23b. Francis W. Coleman	M.D.	23c. 8/28/72
MAILING ADDRESS—CERTIFIER			
23d. 715 East Dixie Ave., Leesburg, Florida 32748			

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. Removal	24b. Woodlawn Cemetery	24c. Miami, Dade Co.,	Florida	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. August 26, 1972	24e. Beyers Funeral Home, 1123 W. Main St., Leesburg, Florida 32748			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. Ivan C. Beyers, Jr.	25b. Catherine C. Caylor	25c. August 31, 1972		