

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4669

FILED FEB 24 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural "Cambridge"</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. west of Glasgow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Wells Conv. Home</u>			
3. NAME OF DECEASED a. (First) <u>ANTHONY</u>		c. (Last) <u>KRUSE</u>	
b. (Middle) <u>—</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 10, 1873</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clement Kruse</u>		13b. MOTHER'S MAIDEN NAME <u>Marianna Schwer</u>	
14. NAME OF HUSBAND OR WIFE <u>Gene Hustedde</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Gene Hustedde</u>		ADDRESS <u>Fayette Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid Carcinoma of Esophagus with tracheal esophageal fistula</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerotic heart disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension, valvular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
19a. DATE OF OPERATION <u>Jan 25, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gastrectomy done.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 27, 1954</u> , to <u>Jan 29, 1954</u> , that I last saw the deceased alive on <u>Jan 27, 1954</u> , and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph H. Leaver M.D.</u>		23b. ADDRESS <u>Ellis Hosp. State Cancer Hosp 2/18/54</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 13, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>		24d. LOCATION (City, town, or county) (State) <u>West Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-19-54</u>		REGISTRAR'S SIGNATURE <u>Mary T. Shell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Dudley</u>		ADDRESS <u>Freemont Glasgow Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. L. Lueimont*

Signed.....

Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address. *Glasgow, In*

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 this body is not embalmed, fact should be so stated above.