

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33174

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4190		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bland		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brazito		0260	
d. FULL NAME OF HOSPITAL OR INSTITUTION Main St. Bland				d. STREET ADDRESS (If rural, give location) Brazito, Mo.			
3. NAME OF DECEASED a. (First) Rachel b. (Middle) Robinson c. (Last) Cruse (Type or Print) Rachel Robinson Cruse				4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 8, 1904	
9. AGE (In years last birthday) 46		10. UNDER 1 YEAR Months 8		11. UNDER 1 YEAR Days 15		12. UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Creamer Operator		10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Benton City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Waddington		13b. MOTHER'S MAIDEN NAME Louise Hilderbrant		14. NAME OF HUSBAND OR WIFE Homer P. Cruse			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard Waddington Mexico, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bun Shot wound in back ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shot by Husband, Homer P. Cruse on Street in Bland, Mo DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bland Gasconade Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 28 50 9:15 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by husband, Homer P. Cruse			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Hager P. Cruse</i> Coroner 3				23b. ADDRESS Hermann, Missouri		23c. DATE SIGNED 10-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31, 1950		24c. NAME OF CEMETERY OR CREMATORY Mexico Cemetery		24d. LOCATION (City, town, or county) (State) Mexico. Mo.	
DATE REC'D BY LOCAL REG. Oct 31, 1950		REGISTRAR'S SIGNATURE <i>Barthelme Harkman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Victor B. Busch</i>		ADDRESS Jefferson City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 3 1950

RECEIVED

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Victor Busscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.