

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31183

State File No. ....

FILED OCT 13 1951

BIRTH NO. ... REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6034 Registrar's No. 233

0910

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

1. PLACE OF DEATH a. COUNTY <u>Ripley, Harris Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR "TOWN" <u>Rural, Purman Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR "TOWN" <u>Rural, Purman Twp.</u>	
c. LENGTH OF STAY (In this place) <u>23 years.</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles S.E. of Doniphan, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles S.E. of Doniphan, Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>Ida Mae Cruggs.</u>			4. DATE OF DEATH <u>Sept. 5, 1951.</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female!</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>		8. DATE OF BIRTH <u>Feb. 15, 1882.</u>		9. AGE (In years last birthday) <u>69.</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u>---</u> Mins. <u>---</u>	
-----------------------	--	--------------------------------	--	--	--	--	--	--	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			11. BIRTHPLACE (State or foreign country) <u>Grand Island, Nebraska.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
---	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>George Edgar Thomson.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hickmond.</u>			14. NAME OF HUSBAND OR WIFE <u>Edwin Cruggs.</u>		
---	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida J. Block, Doniphan, Mo.</u>			
--	--	------------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Cardiac Failure.</u>						<u>1 year</u> <u>10 years</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Cerebral hemorrhage.</u> DUE TO (c) <u>Arteriosclerosis.</u>							
		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 <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (M.)		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 Jan 5, 1950, to Sept 5, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson, M.D.</u>			23b. ADDRESS <u>Doniphan, Mo.</u>			23c. DATE SIGNED <u>9/8/51.</u>		
---	--	--	-----------------------------------	--	--	---------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>SEPT 8 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>AKRON Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ALBION, NEBRASKA.</u>			
--	--	------------------------------	--	--	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>9-8-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Means, Doniphan, Mo.</u>				
--	--	--	--	--	--	--	--	--	--

RECEIVED

OCT 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

---

---

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 .....  
Student Embalmer

Signed Ray Meadors.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.