

# STANDARD CERTIFICATE OF DEATH

36147

State File No. ....

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

REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 77

<b>1. PLACE OF DEATH</b> a. COUNTY <u>TANCY</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BRANSON</u> c. LENGTH OF STAY (In this place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Skaggs Community Hosp</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>COOK</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CHICAGO</u> d. STREET ADDRESS (If rural, give location) <u>5321 N. New England Ave</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>MINNIE</u> b. (Middle) <u>J.</u> c. (Last) <u>KRUSE</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct - 16 1957</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>May 30 1876</u>	<b>9. AGE</b> (In years last birthday) <u>75</u> <u>4</u> <u>16</u> <u>16</u> IF UNDER 1 YEAR: Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housekeeper</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Michigan</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Unknown</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>No</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Walter Kruse</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u> <b>ANTECEDENT CAUSES</b> *As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 day</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>331X</u> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>10/14</u>, 19<u>57</u>, to <u>10/16</u>, 19<u>57</u>, that I last saw the deceased alive on <u>10/15</u>, 19<u>57</u>, and that death occurred at _____ m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <u>Harry T. Evans M.D.</u> (Degree or title)			<b>23b. ADDRESS</b> <u>Branson, Mo</u>		
<b>23c. DATE SIGNED</b> <u>10/16/57</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>			
<b>24b. DATE</b> <u>10/19/1957</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Acacia Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Chicago Ill.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Oct 16 - 1957</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. E. Cogswell</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Moeller Funeral Home</u>	
<b>ADDRESS</b> <u>Chicago Ill</u>		<b>ADDRESS</b>			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED OCT 22 1967

Dist. File 10-22-1967  
Date Filed 10-22-67

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.....  
Student Embalmer

Signed Walter S. Coble

Licensed Embalmer No. 4731

P. O. Address Jessup, Md.

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.