S. No. 300
V. 10.48

FILED NOV 30 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

36259

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5016 Registrar's No. 90

1020
1

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

**1. PLACE OF DEATH**
a. COUNTY Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) near Cosby
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE missouri b. COUNTY Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) near Cosby 0220
d. STREET ADDRESS (If rural, give location) 0

**3. NAME OF DECEASED** (Type or Print) a. (First) Arthur b. (Middle) Reuben c. (Last) Cruse

**4. DATE OF DEATH** (Month) (Day) (Year) 11 - 16 - 1951

**5. SEX** m 0

**6. COLOR OR RACE** W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W 2

**8. DATE OF BIRTH** 8-20-1895

**9. AGE** (In years last birthday) 56 IF UNDER 1 YEAR Months 2 Days 26 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Carpenter + Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country) Woodriver neb 1

**12. CITIZEN OF WHAT COUNTRY?** U. S.

**13a. FATHER'S NAME** Albert Tomlin Cruse

**13b. MOTHER'S MAIDEN NAME**

**14. NAME OF HUSBAND OR WIFE** —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** 520-10-13-29

**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Viola Codgill Boston ADDRESS MASS.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION** 4201

**20. AUTOPSY?** YES ☐ NO ☒

**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 ☒ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

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 3:30 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) W. L. Maxwell, D.O., Coroner

**23b. ADDRESS** 307 W. Main, Savannah, Mo.

**23c. DATE SIGNED** 11/21/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**24b. DATE** 11-21-1951

**24c. NAME OF CEMETERY OR CREMATORY**

**24d. LOCATION** (City, town, or county) (State) Long Beach Calif

**DATE REC'D BY LOCAL REG.** 11-24-51

**REGISTRAR'S SIGNATURE** Lillian Sparks Reg

**25. FUNERAL DIRECTOR'S SIGNATURE** Breit Funeral Home **ADDRESS** Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 27 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

DEC. 8

## 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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.