

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10569

State File No. ....

FILED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. S757 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Vichy</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Vichy</b> <b>0630</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <b>Mary</b>	b. (Middle) <b>Emily</b>		c. (Last) <b>Cruts</b>	(Month) <b>March</b>	(Day) <b>28</b>		(Year) <b>1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 27 1865</b>		9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 2 HRS. Day <b>29</b>	Hours <b></b>	Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Joseph Husband</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Moreland</b>		14. NAME OF HUSBAND OR WIFE <b>Charles</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Coats, St. James, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture Left Hip</b>		ANTECEDENT CAUSES			
		DUE TO (b) <b>Shock</b>			
		DUE TO (c) <b>Old Age</b>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>E9049</b> <b>45</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 3-16-53, 19, to 3-26-53, 19, that I last saw the deceased alive on 3-26-53, and that death occurred at 10:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>N.H. Davis M.D.</b> (Degree or title)		23b. ADDRESS <b>Ramsey Bldg., Rolla, Mo.</b>		23c. DATE SIGNED <b>4-3-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 29 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	
24d. LOCATION (City, town, or county) <b>St. James, Missouri</b>		24e. (State)			
DATE REC'D BY LOCAL REG. <b>4-6-53</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Gohr, St. James</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1956

---

---

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.....

*C. Jesse Gahr*

Signed.....

Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.