No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1953

State File No. 18477

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 424 Registrar's No. 37

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville
c. LENGTH OF STAY (In this place): 18yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212 West Wilson

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville 0490
d. STREET ADDRESS (If rural, give location): 212 West Wilson St.

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) WASHINGTON c. (Last) CRUZAN

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1871

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR Months: 6 Days: 11 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Millman

10b. KIND OF BUSINESS OR INDUSTRY: Zinc Mining

11. BIRTHPLACE (City and State or Foreign Country): Lamar, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S/A

13a. FATHER'S NAME: William H. Cruzan

13b. MOTHER'S MAIDEN NAME: Mary Tuttle

14. NAME OF HUSBAND OR WIFE: Maude May Cruzan

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

16. SOCIAL SECURITY NO.: 492-28-3708

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Maude May Cruzan Carterville, Missouri

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac vascular renal disease

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 442X

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* Feb. 24, 19 51, *to* May 26, 19 53, *that I last saw the deceased alive on* May 26, 19 53 *and that death occurred at* 12:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. M. Stormont, M.D.

23b. ADDRESS: Webb City, Missouri

23c. DATE SIGNED: 5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/28/53

24c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery

24d. LOCATION (City, town, or county) (State): Carterville, Missouri

DATE REC'D BY LOCAL REG. 5-27-53

REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hedge Lewis Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-1-53
Jasper County Health Office
County File Number 53-6-480
Date Filed 6-1-53

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 Richard Gray Lewis
Licensed Embalmer No. 4405
P. O. Address Webb 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.