

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1040r. S. FOUNTAIN ST.		d. STREET ADDRESS (If rural, give location) 1040r. S. FOUNTAIN ST.	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) DEWITT c. (Last) CRUCE			4. DATE OF DEATH (Month) (Day) (Year) JAN. 22, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 16, 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and State or Foreign Country) McCLURE, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME DEWITT CRUCE	13b. MOTHER'S MAIDEN NAME MURPHY	14. NAME OF HUSBAND OR WIFE MARTON CRUCE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. W.W. #1 316-16-8903	17. INFORMANT'S SIGNATURE OR NAME MRS. MARTON CRUCE ADDRESS CAPE GIRARDEAU, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 24 YEARS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Pulmonary		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 002 X
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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?
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22. I hereby certify that I attended the deceased from **AUG 1, 1953**, to **Jan 22, 1954**, that I last saw the deceased alive on **Jan 23, 1954**, and that death occurred at **1:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward D Campbell MD	23b. ADDRESS Capt Guardeau 110	23c. DATE SIGNED Jan 25, 1954
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 1/24/54	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU, MO.
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DATE REC'D BY LOCAL REG. 2-1-54	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS CAPE GIRARDEAU, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8

OCT 7 1960

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

J. Loberg

Licensed Embalmer No. 3810

P. O. Address *Cape Girardeau*

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.