

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4669

BIRTH NO.		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (Institution place) <u>72 days</u>		c. CITY OR TOWN <u>Rural "Cambridge"</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. west of Glasgow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wells Conv. Home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u>		b. (Middle) <u>—</u>		c. (Last) <u>KRUSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 10, 1873</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clement Kruse</u>		13b. MOTHER'S MAIDEN NAME <u>Marianna Schwer</u>		14. NAME OF HUSBAND OR WIFE <u>Gene Hustedde Fayette Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Hustedde Fayette Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid Carcinoma of Esophagus with tracheal esophageal fistula</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic heart disease, hypertension, malnutrition</u>					
19a. DATE OF OPERATION <u>Jan 25, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gastrectomy done.</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>150 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Jan 22, 1954</u> , to <u>Jan 29, 1954</u> , that I last saw the deceased alive on <u>Jan 29, 1954</u> , and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph H. Leaser M.D.</u>				23b. ADDRESS <u>Ohio to chol State Cancer Hosp 2/18/54</u>		23c. DATE SIGNED <u>2/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>		24d. LOCATION (City, town, or county) (State) <u>West Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-19-54</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hudsley</u>		ADDRESS <u>Freemont Glasgow Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

W. H. Freimuth

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, In

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.