

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1954

State File No. ....

No. 300  
-40.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u> <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u> b. (Middle) <u>MAY</u> c. (Last) <u>CRUDDINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 4, 1874</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Days <u>2</u> IF UNDER 24 HRS. Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co., Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>DR. A. C. CURT</u>		13b. MOTHER'S MAIDEN NAME <u>HEVISI FEASTER</u>		14. NAME OF HUSBAND OR WIFE <u>D. C. Cruddington Jr.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D. C. Cruddington Jr.</u> ADDRESS <u>WARSAW, MO</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute MYOCARDIAL INFARCTION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture LEFT Hip.</u>				DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. 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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 July 19 49 to 5 May 54 that I last saw the deceased alive on 5 May 54, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward A. Logan M.D.</u>		23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>May 6, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reverside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 7 1954</u>		REGISTRAR'S SIGNATURE <u>Jas A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J. Reese</u> ADDRESS <u>Warsaw</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1954

**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 *John J. Reser* \_\_\_\_\_

Licensed Embalmer No. *4098* \_\_\_\_\_

P. O. Address *Warsaw* \_\_\_\_\_

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.