No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1955

State File No. 14994

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris
d. STREET ADDRESS (If rural, give location): Seminary St. 0692

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): M.
c. (Last): Cruzan

4. DATE OF DEATH (Month) (Day) (Year): May 14th, 1955.

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 12, 1879
9. AGE (In years last birthday): 75
If under 1 year: Months: 8 Days: 2
If under 1 hr.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Thomas Cruzan
13b. MOTHER'S MAIDEN NAME: Louisa Russell
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ##
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ~~SIGNATURE~~ OR NAME ADDRESS: Mr. Roy Morgan, Paris, Missouri

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 154X

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: 5-7-55
19b. MAJOR FINDINGS OF OPERATION: carcinoma of the rectum
20. AUTOPSY? YES [ ] NO [X]

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* 4-27-55, 19__, *to* 5-14-55, 19__, *that I last saw the deceased alive on* 5-14-55, 19__, *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everett D. Sizgabaker M.D.
23b. ADDRESS: Jefferson City, Missouri
23c. DATE SIGNED: 5-31-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 17th, '55
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cem.
24d. LOCATION (City, town, or county) (State): Paris, Missouri

DATE REC'D BY LOCAL REG.: June 1-1955
REGISTRAR'S SIGNATURE: R. P. Dorris MD-MR
25. FUNERAL DIRECTOR'S SIGNATURE: Spillo & Blakey
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 A. L. Blakey
Licensed Embalmer No. 2616
P. O. Address PARIS, 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.