

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16242**

FILED MAY 24 1955

BIRTH NO. _____ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **3054** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New Jersey b. COUNTY Passiac	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	c. LENGTH OF STAY (in this place) 6 months	c. CITY OR TOWN Clinton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1115 Iowa St.		e. STREET ADDRESS (If rural, give location) 125 Barkley Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Rose	b. (Middle) Josephine	c. (Last) Kruse	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8	IF UNDER 2 HRS. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Dublin, Ireland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown -- Comisky	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Albert Kruse
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James Harvey, Louisiana, 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		INTERVAL BETWEEN ONSET AND DEATH 1 wk 2 mo yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) massive cerebral vascular accident DUE TO (c) atherosclerosis		
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) (Min.)	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 **2/4**, 19**55**, to **5/16**, 19**55**, that I last saw the deceased alive on **5/15**, 19**55**, and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John W. Millhite M.D.	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 5/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/20/55	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
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DATE REC'D BY LOCAL REG. 5/20	REGISTRAR'S SIGNATURE Service Callow	374	FUNERAL DIRECTOR'S SIGNATURE ADDRESS George O. Kagan, Louisiana, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1961

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.....
Signature of Student Embalmer

Signed George O. Stagn.....
Licensed Embalmer No. 37.....
P. O. Address Louisiana.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.