

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39844

State File No. \_\_\_\_\_

FILED DEC 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Fulton</u>	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 <u>Callaway Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>210 East 5th Street.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mildred</u>	b. (Middle) <u>Fern</u>	c. (Last) <u>Cruse</u>	(Month) <u>Dec.</u>	(Day) <u>17,</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 14/1911</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Purchasing Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Patoka Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Rosh Cruse</u>	13b. MOTHER'S MAIDEN NAME <u>Anne Ealker</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-09-4019</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Tate</u>	ADDRESS <u>Fulton 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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u></p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u></p> <p>?</p>
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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) _____
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? _____

22. I hereby certify that I attended the deceased from 12-15, 1955, to 12-17, 1955, that I last saw the deceased alive on 12-17, 1955, and that death occurred at 1300 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Brown M.D.</u>	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>12-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calladin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo. Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 24-1955</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maureen Lane</u>	ADDRESS <u>Home Fulton Mo.</u>
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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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Glen V. Mangler*

Licensed Embalmer No. *273*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.