

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2344

State File No.

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Rural</u>	c. LENGTH OF STAY (in this place) <u>since 23 yrs</u>	c. CITY OR TOWN <u>Parkville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R70 5 Box 333</u>		e. STREET ADDRESS (If rural, give location) <u>R70 5 Box 333 0830</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>Crusha</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 2 56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 8, 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Smithville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph J. Knox</u>	13b. MOTHER'S MAIDEN NAME <u>Telettha Carver</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Crusha</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Crusha</u>	ADDRESS <u>R70 5 Parkville</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Cardiovascular disease</u>		
	DUE TO (c) <u>443x</u>		
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 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 Mar 24, 1954, to Jan 3, 1956, that I last saw the deceased alive on Jan 3, 1956, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. McNeill MD</u> (Degree or title)	23b. ADDRESS <u>North KC 16 Mo</u>	23c. DATE SIGNED <u>1/3/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 4-56</u>	REGISTRAR'S SIGNATURE <u>Alpha Rollins</u> 257	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland St. Francis</u> 401	ADDRESS <u>Parkville 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, ~~_____~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland H. Francis*.....

Licensed Embalmer No. *3457*.....

P. O. Address *Parkville*.....

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.