

FILED MAR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9422

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Washington township</u>)		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY OR TOWN <u>Rural Washington township</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>83rd St stopping pt in trailer</u>				f. STREET ADDRESS (If rural, give location) <u>83rd and Topping Streets</u>					
3. NAME OF DECEASED a. (First) <u>Mr Clarence Ray</u>			b. (Middle) _____			c. (Last) <u>Cruise</u>			
(Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>3-16-1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>3-21-1929</u>			
9. AGE (In years last birthday) <u>26</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 1 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Webster Co Missouri U. S. A</u>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Joseph Cruise</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Belle Cruise</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Boyd Cruise</u>			ADDRESS <u>83rd St Topping Streets</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree Burns</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES <u>flu</u>					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) _____					
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9160</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>16</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>700 Jackson Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-16-56 12:10 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Trailer Lapse Burned</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr C Decker Deputy County</u>				23b. ADDRESS <u>662 1/2 Park St S @ Sw</u>		23c. DATE SIGNED <u>3-17-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-18-56</u>		REGISTRAR'S SIGNATURE <u>Charles E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home R.E. Mo.</u>					

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 *Russell N. Fran*.....

Licensed Embalmer No. *42*.....

P. O. Address *K.C.*.....

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