

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38640**
Registrar's No. **94**

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5660**

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL dickerwon		c. CITY OR TOWN LEWISTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 yrs.		e. STREET ADDRESS (If rural, give location) 2 mile East Lewistown	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRARIE VIEW REST HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZA	b. (Middle) JANE	c. (Last) CRUSE	4. DATE OF DEATH NOV. 19, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct. 8, 1875	9. AGE (In years Last birthday) 81	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HRS. Hours Mins.
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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 XXXXXXXXXX	11. BIRTHPLACE (City and State or Foreign Country) KNOX COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME LOUIS CRUSE	13b. MOTHER'S MAIDEN NAME SUSAN SWEETMAN	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME UNKNOWN	ADDRESS
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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 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis. 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	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 **Dec**, 1955, to **19 Nov**, 1956, that I last saw the deceased alive on **17 Nov**, 1956, and that death occurred at **D.O.A.** m., from the causes and on the date stated above.

23a. SIGNATURE John W Wills (Degree or title) DO	23b. ADDRESS LEWISTOWN, MO.	23c. DATE SIGNED 11-20-56
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/19/56	24c. NAME OF CEMETERY OR CREMATORY COUNTY HOME	24d. LOCATION (City, town, or county) (State) LEWIS COUNTY, MISSOURI
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DATE REC'D BY LOCAL REG. 11-21-56	REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. ...	ADDRESS Lewistown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-0

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

BODY NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed *Charles T. Arnold*.....

Licensed Embalmer No..4667.

P. O. Address...LEWISTOWN

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