

HEALTH, WELFARE PUBLIC SERVICE		STANDARD CERTIFICATE OF DEATH		4240		58-006031	
FILED FEB 19 1958		Registration District No. 150		Primary Registration District No. 5577		STATE FILE NUMBER	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		3. NAME OF DECEASED		4. DATE OF DEATH	
a. COUNTY	JACKSON	a. STATE	Missouri	First	Middle	Last	Month Day Year
b. CITY (If outside corporate limits, give TOWNSHIP only)	Blue Springs	b. COUNTY	JACKSON	Don L Cruse			Feb 6, 1958
Inside Limits Yes ☒ No ☐		c. CITY OR TOWN	Blue Springs				
c. FULL NAME OF (If NOT in hospital, give location)	1204 B Str.	d. STREET ADDRESS	1204 B Str.				
HOSPITAL OR INSTITUTION	6 yrs	(If outside, give location)					
Reside on Farm Yes ☐ No ☒							
5. SEX	Male	6. COLOR OR RACE	White	7. MARRIED ☒ NEVER MARRIED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
WIDOWED ☐ DIVORCED ☐			April 5-1919		43		Insurance Salesman
11. BIRTHPLACE (City and state or country)	Braymer Mo	12. CITIZEN OF WHAT COUNTRY?	U.S.A.				
13a. FATHER'S NAME	John F Cruse	13b. MOTHER'S MAIDEN NAME	Lydia Morn	14. NAME OF HUSBAND OR WIFE			
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		Address	
Yes WW # 2				Fern Cruse		Blue Springs Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)							
Gumbert W and Chest							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
							976X
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
☐ ☒ ☐		Self Inflicted					
20c. TIME OF INJURY		20d. INJURY OCCURRED					
Hour Month, Day, Year		20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)					
a.m. p.m. 2-7 58		Blue Springs Jackson MO					
20f. CITY, TOWN OR LOCATION		COUNTY		STATE			
WHILE AT WORK ☐ NOT AT WORK ☐		Res		MO			
21. I attended the deceased from _____, to _____ and last saw her alive on _____							
Death occurred at 11 00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
Hugh A Pinner Carver				1034 Rialto Bldg		2-7-58	
23a. BURNED, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town or county) (State)	
Removal		Feb-9-1958		Belmont Cem		Wathena Kan	
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Webb Mortuary, Blue Springs Mo.				2-10-58		W D Longford	

FEB 20 1958

FEB 17 1958

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 *John P. Bidmon*

Licensed Embalmer No. *453*

P. O. Address. *Kansas City*

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.