Health, Welfare Public Service

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FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020956

STATE FILE NUMBER 665

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanana	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Woodbury
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Sioux City 8140 8 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Meth.Hosp. — Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Pauline	Middle: Cason	Last: Cruickshank	4. DATE OF DEATH Month Day Year: June 17 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: July 15,1892	9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Worth County,Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Ben Rippy	13b. MOTHER'S MAIDEN NAME: Alice Van Houton	14. NAME OF HUSBAND OR WIFE: Donald Cruickshank		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.: unknown	17. INFORMANT Address: Maxine Robertson, St.Joseph,Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 months

IMMEDIATE CAUSE (a) ~~Coronary Arterio-sclerosis~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis General — 3 months

DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac Failure

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 16,1958, to June 17,1958 and last saw her/him alive on June 16,1958

Death occurred at 3 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H C Senne Md	22b. ADDRESS: 207 P&S Bldg,St.Joseph,Mo.	22c. DATE SIGNED: 6/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: June17,1958	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Sioux City, Iowa		
24. FUNERAL DIRECTOR: John E Rupp	ADDRESS: St.Joseph,Mo.	25. DATE RECD. BY LOCAL REG.: June 21, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Chas. Gradell		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.