

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 19 1960

-60-037112
STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 45

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Saline</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Slater</u>		Length of stay in 1b <u>51 yrs.</u>		c. CITY OR TOWN <u>Slater</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Armstrong St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>armstrong St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First <u>MARY</u> Middle <u>MARGARETE</u> Last <u>KRUSE</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>12</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/2/1872</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>West Glasgow, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Meyer</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Spreitzer</u>			14. NAME OF HUSBAND OR WIFE <u>J. H. Kruse</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 Address <u>C. H. Kruse, Slater, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <u>2-3 months</u>	
IMMEDIATE CAUSE (a) <u>Left Ventricular Failure</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>							
DUE TO (c) <u>Coronary Insufficiency</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY <u></u>	STATE <u></u>
21. I attended the deceased from <u>March 11-1953</u> to <u>4/7 11-60</u> and last saw her <u>Sept 11-60</u> alive on <u>Sept 11-60</u> . Death occurred at <u>Sept 12-60 2 P.M.</u> of the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. Nelson</u> (Degree or title)				22b. ADDRESS <u>313 1/2 N. Main Slater Mo.</u>		22c. DATE SIGNED <u>9-13-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/14/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Slater</u>		23d. LOCATION (City, town, or county) (State) <u>Slater, Missouri</u>		
24. FUNERAL DIRECTOR <u>Haines Funeral Home Slater, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>9-14-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Raymond Brune</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

9961 11 100

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 Walter J. Haines, J

Licensed Embalmer No. 4557

P. O. Address Slater, Va

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.