

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 23 1960 <sup>360</sup>

**=60-044903**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3076 Registrar's No. 213

ENDED

|   |        |   |        |                   |   |
|---|--------|---|--------|-------------------|---|
| 1. PLACE OF DEATH   |        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |        |                   |   |
| a. COUNTY   | Vernon | a. STATE  | Mo.    | b. COUNTY         | Vernon  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)                   | Nevada | c. CITY OR TOWN   | Nevada | Inside Limits     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Length of stay in 1b  |        |   |        | d. STREET ADDRESS | (If outside, give location)   |
| 14 yrs  |        |   |        | 312 N Tucker      | Reside on Farm  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION |        | Inside Limits   |        |                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 312 N Tucker  |        |   |        |                   |   |

|                                     |       |        |      |                  |       |     |      |
|-------------------------------------|-------|--------|------|------------------|-------|-----|------|
| 3. NAME OF DECEASED (Type or print) | First | Middle | Last | 4. DATE OF DEATH | Month | Day | Year |
| Thelma                              | Mae   | Cruce  |      | 11               | 12    | 60  |      |

|        |   |                  |   |   |                  |                        |                 |                |
|--------|---|------------------|---|---|------------------|------------------------|-----------------|----------------|
| 5. SEX | F | 6. COLOR OR RACE | W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR |
|        |   |                  |   |   | 1/15/08          | 52                     | Months          | Days           |
|        |   |                  |   |   |                  | Hours                  |                 | Min.           |

|   |                                   |  |                             |
|---|-----------------------------------|--|-----------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
| Sales Clerk   | Dry Goods                         | Moundville, Mo.                            | USA                         |

|                    |                           |                             |
|--------------------|---------------------------|-----------------------------|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| O.B. Holland       | Mary Bell Hawkins         | Harry Cruce                 |

|  |                         |                 |                |
|--|-------------------------|-----------------|----------------|
| 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        |
| no   | 499-22-0337             | Chas. Anderson, | Pittsburg, Ks. |

|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Gunshot wounds, in head, & chest   |  | instant                          |
| DUE TO (b) 32 Cal pistol   |  |                                  |
| DUE TO (c)   |  |                                  |

|   |   |
|---|---|
| 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 checked="" 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      | Month, Day, Year |
|                     | a.m. p.m. |                  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him \_\_\_\_\_  
Death occurred at \_\_\_\_\_ 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 |
| <i>Richard L. Shorten</i>        | Nevada - MO. | 11/12/60         |

|   |           |                                    |   |
|---|-----------|------------------------------------|---|
| 23. BURIAL CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| Burial                                  | 11/14/60  | Newton Cemetery                    | Nevada, Mo.                                   |

|                      |             |                              |                           |
|----------------------|-------------|------------------------------|---------------------------|
| 24. FUNERAL DIRECTOR | ADDRESS     | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| Richard L. Shorten,  | Nevada, Mo. | 11-19-1960                   | <i>Anna E. Jerry</i>      |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1960

**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 Lloyd E. McLeod

Licensed Embalmer No. 4853

P. O. Address Florida, Fla.

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.