

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

54 -61-006077  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 4408 305 Registrar's No. 54

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis County - Smithton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Smithton Mo.</u> Length of stay in lb <u>85 years</u>		c. CITY OR TOWN <u>Smithton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If outside, give location) <u>✓</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Fairley Bell Kruse</u>		4. DATE OF DEATH Month Day Year <u>Feb - 16 - 1961</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>2-3-1865</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>✓</u>	9. AGE (last birthday) <u>96 years</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u> IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
11a. FATHER'S NAME <u>Wm Henry Terpening</u>		11b. MOTHER'S MAIDEN NAME <u>Cordelia Ryherd</u>	11c. NAME OF HUSBAND OR WIFE <u>John A. Kruse</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give year or dates of service <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Miss Lanza Kruse, Smithton Mo</u> Address <u>Smithton Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gangrene, both lower extremities</u> DUE TO (b) <u>Raddle embolus, abd. cordy</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</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 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 <u>31 Jan 1961</u> to <u>16 Feb 1961</u> and last saw her alive on <u>16 Feb 1961</u> Death occurred at <u>12:15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. Siegel MD</u> (Degree or title)		22b. ADDRESS <u>Smithton Mo</u>	22c. DATE SIGNED <u>2/17/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-19-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Smithton, Pettis, Mo</u>
24. FUNERAL DIRECTOR <u>Newmyer Funeral Service, Smithton, Mo</u> ADDRESS <u>Smithton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-18-1961</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

**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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

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.