

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028732

STATE FILE NUMBER

AMENDED

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **239**

FILED AUG 22 1961

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 101 Monroe Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JULIUS Middle HENRY Last KRUSE			4. DATE OF DEATH Month August Day 13 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1897	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator Capitol Machine Shop		10b. KIND OF BUSINESS OR INDUSTRY Slater, Mo.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Kruse		13b. MOTHER'S MAIDEN NAME Mary Meyer		14. NAME OF HUSBAND OR WIFE Christine Albers Kruse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mr. Don Kruse, 912 Mgreau Drive, E.C., Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of rectum & carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 8 mos.
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 conditions given in PART I (e)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT: SUICIDE: HOMICIDE: <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month: _____ Day: _____ Year _____		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 **7-7-61** to **8-13-61** and last saw her/him alive on **8-13-61**
Death occurred at **10:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy or title) Scott D. Supababu, M.D.		22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 8/14/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 16, 1961		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.					

24. FUNERAL DIRECTOR'S ADDRESS Victor Bueschert, Mo		25. DATE RECD. BY LOCAL REG. 14 August 1961		26. REGISTRAR'S SIGNATURE R. P. Harris, M.D. Richter, Dep.	
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
BY AFFIDAVIT OF
ITEM NO. SHOULD READ
OTHER RECORD ARE AS FOLLOWS

DOCUMENT
MEDICAL CERTIFICATION

DEC 21 1961

AUG 25 1961

DEC 15 1961

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jema

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.