# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030372

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 179

AMENDED

FILED AUG 21 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Township — Length of stay in 1b: 2 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Community Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 843 West Coates — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First un-named Middle Last Cruse
4. DATE OF DEATH: Month July Day 24, Year 1961
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/24/61
9. AGE (last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Moberly, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles William Cruse
13b. MOTHER'S MAIDEN NAME: Bonnie Lou Brooks
14. NAME OF HUSBAND OR WIFE: ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Charles Cruse — Address: 843 West Coates Moberly, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary failure. — INTERVAL BETWEEN ONSET AND DEATH: —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Immaturity — —
DUE TO (c): Premature birth. — —
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 7-24-61, to 7-24-61 and last saw him alive on 7-24-61
Death occurred at 3 38 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald C. Stanley DO
22b. ADDRESS: Salisbury, Mo
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7/24/61
23c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cemetery
23d. LOCATION (City, town, or county) (State): Salisbury, Mo.

24. FUNERAL DIRECTOR ADDRESS: Chas.B.Winkelmeyer, Salisbury, Mo.
25. DATE RECD. BY LOCAL REG.: 8-9-61
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

**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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas B Winkelmayer

Licensed Embalmer No. 3842

P. O. Address Salisbury, M

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.