

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8423

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 95

0477

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo 0477</u> | |
| c. LENGTH OF STAY (In this place) <u>LIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>East Pine</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Clinton Genl Hosp</u> | | | |

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|-------------------------------------|-------------------------|---------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LOREN</u> | b. (Middle) <u>MARTIN</u> | c. (Last) <u>KRUSE JR</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 26-50</u> |
|-------------------------------------|-------------------------|---------------------------|---------------------------|---|

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|-----------------------|----------------------------------|---|--|--|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>Nov 28 1932</u> | 9. AGE (In years last birthday) (Month) (Day) (Min.) <u>17 3 29</u> |
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|--|-----------------------------------|--|--|
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>MAURINE Mo 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|-----------------------------------|--|--|

| | | |
|---|--|-----------------------------|
| 13a. FATHER'S NAME <u>LOREN M KRUSE SR</u> | 13b. MOTHER'S MAIDEN NAME <u>MERYL LAVERNER</u> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

| | | | |
|---|--------------------------------------|--|---------------------------|
| 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Loren M Kruse SR</u> | ADDRESS <u>Clinton</u> |
|---|--------------------------------------|--|---------------------------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary hemorrhage</u> DUE TO (c) <u>patent ductus arteriosus, Congenital</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>7541</u> | |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from 11 March, 1950, to 26 March, 1950, that I last saw the deceased alive on 26 March, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

| | | | |
|--|-------------------|--|---|
| 23a. SIGNATURE <u>James O. Smith MD</u> | (Degree or title) | 23b. ADDRESS <u>Clinton, Missouri</u> | 23c. DATE SIGNED <u>March 27, 1950</u> |
|--|-------------------|--|---|

| | | | |
|---|-----------------------------|---|---|
| 24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/29/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ENGLE WOOD</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton Clinton</u> |
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|---|--|--|------------------------------|
| DATE REC'D BY LOCAL REG <u>Mar-29-50</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Consoles</u> | ADDRESS <u>Clinton Mo</u> |
|---|--|--|------------------------------|

RECEIVED

District Health Officer No. 7,

District File Number 3-50-317

Date Filed 4-3-50

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 _____
Student Embalmer

Signed

J E Cossoles

Licensed Embalmer No. 1891

P. O. Address Clinton St

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 this body is not embalmed, fact should be so stated above.