

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014520
STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3691 Registrar's No. 8

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 25 1963

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SLATER Length of stay in lb LIFE
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 W. PARKER Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SALINE
c. CITY OR TOWN SLATER Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) 114 W. PARKER Residence on Farm Yes No

3. NAME OF DECEASED First ZETA Middle MAE Last CRUEA 4. DATE OF DEATH Month MARCH Day 16 Year 1963

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH MAY 23 1908 9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 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) SLATER, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME E.E. CRUEA 13b. MOTHER'S MAIDEN NAME WILLIE DUNCAN 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address MRS. E.E. CRUEA, SLATER MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Nephritis INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza 7 weeks
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. 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 May 1947 to Mar. 16, 1963 and last saw her her alive on Mar. 14, 1963. Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C.A. McSweeney, M.D. (Signed or title) 22b. ADDRESS Slater, Mo. 22c. DATE SIGNED 3/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR 17 1963 23c. NAME OF CEMETERY OR CREMATORY SLATER 23d. LOCATION (City, town, or county) (State) SLATER, MO.

24. FUNERAL DIRECTOR ADDRESS HAINES FUNERAL HOME, SLATER, MO. 25. DATE RECD. BY LOCAL REG. 3-17-63 26. REGISTRAR'S SIGNATURE Thos. Raymond Brane

USE BLACK INK OR TYPEWRITER RIBBON

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.