

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40828

FILED JAN 5 1950

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 1147

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield (Rural) N. Campbell Twshp.		c. LENGTH OF STAY (in this place) 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Valley Water Mill Road		d. STREET ADDRESS (If rural, give location) 2021 N. Johnson	

3. NAME OF DECEASED (Type or Print) a. (First) C.L.	b. (Middle) Berdette	c. (Last) Kreiger	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 19, 1947	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours 2	IF UNDER 15 MIN. Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Nichols Junction, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Lawrence Charles Kreiger	13b. MOTHER'S MAIDEN NAME Floretta Jones	14. NAME OF HUSBAND OR WIFE X
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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'S SIGNATURE OR NAME Mrs. Floretta Carsten Spfld, Mo.	ADDRESS Mo.
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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) Carbon Monoxide Poisoning		INTERVAL BETWEEN ONSET AND DEATH 2 - hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield - Greene - Mo. 133
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-24-49-9:30p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW AND INJURY OCCUR? Car stuck in River, for 3 hrs - motor running - CO2

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **DEAD** on **12-24**, 19**49**, and that death occurred at **9:30p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Randolph Pace, coroner's	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 12-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/28/49	24c. NAME OF CEMETERY OR CREMATORY Hazelwood	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 12-29-49	REGISTRAR'S SIGNATURE W J Handley	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Walter E. Hamble*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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 this body is not embalmed, fact should be so stated above.