

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41583

State File No. _____

FILED JAN 14 1950

No. 306
10-48

REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5647 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Fristatt"</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Fristatt Township</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>R F D 1 Monett mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/4 mi. S.E. of Fristatt</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>F.</u> c. (Last) <u>Krueger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 20/1889</u>
9. AGE (In years last birthday) <u>60</u>		If UNDER 1 YEAR: <u>9</u> Months	If UNDER 1 YEAR: <u>7</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Near Fristatt Lawrence Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Gottlieb Krueger</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Kostarski</u>	13. NAME OF HUSBAND OR WIFE <u>Peneta Voskamp Krueger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martin Krueger</u>	
		ADDRESS <u>R1 Monett Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Papillary adenocarcinoma of rectum</u>			<u>8 months</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>154X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>July 19, 1949</u> , to <u>Dec 27, 1949</u> , that I last saw the deceased alive on <u>Dec 26, 1949</u> , and that death occurred at <u>4:55 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>		23b. ADDRESS <u>Pierce City, MO</u>	23c. DATE SIGNED <u>12-30-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 29 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Church Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fristatt Missouri</u>
DATE REC'D BY LOCAL REG. <u>Jan 9, 1950</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dillon Funeral Home</u>
		ADDRESS <u>Monett Mo</u>	

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

55
30
70
copy

JAN 16 1950

RECEIVED JAN 18 1950

District Health Office No. 6,

District File Number 150-67

Date Filed 1-12-50

MAR 6 1950

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.....

Licensed Embalmer No. 3895

P. O. Address Monett, 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.