

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7509**

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>High Hill 0700</u>	
c. LENGTH OF STAY (In this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>KRUEGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 12 1871</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Purdysville Mo D</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Krueger</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Humphall</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Krueger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Krueger</u> ADDRESS <u>High Hill Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractures both bones leg, 2 weeks ago.</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 <u>Feb 25, 1950</u> to <u>Mar 4, 1950</u> , that I last saw the deceased alive on <u>Mar 4, 1950</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul Jolley</u> (Degree or title) <u>Mo.</u>		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>3/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>March 7 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>High Hill Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 7 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lat Harding</u>		ADDRESS <u>High Hill Mo</u>	

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

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RECEIVED MAR 15 1950
District Health Officer No. 10
Office File Number 3-58-456
Date Filed MAR 15 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 Carl A. Dardley

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.