

S. No. 300
v. 10.48

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14045

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2921 Registrar's No. 153

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Blackwater</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Blackwater</u> | |
| c. LENGTH OF STAY (in this place) <u>13 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>4 mi SW of Sweet Spring</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi SW of Sweet Spring</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WESLEY</u> b. (Middle) <u>JAMES</u> c. (Last) <u>KROECK</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 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>Aug. 6, 1892</u> |
| 9. AGE (In years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 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 <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Henry Kroeck</u> | 13b. MOTHER'S MAIDEN NAME <u>Madlian Heidenbrink</u> | 14. NAME OF HUSBAND OR WIFE <u>Mable S Kroeck</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>495-02-3367</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mable S. Kroeck</u> | ADDRESS <u>Sweet Springs</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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic stenosis</u> DUE TO (c) <u>and coronary atherosclerosis several yrs</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from March 19 50, to _____, 19____, that I last saw the deceased alive as DOA, and that death occurred at 11:45 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | 23b. ADDRESS <u>Concordia, Mo</u> | 23c. DATE SIGNED <u>4/17/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bury</u> | 24b. DATE <u>April 19, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u> |
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|---|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>4-18-1950</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Mosley, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 27
District Health Officer No. 8,

District File Number _____

Date Filed 5/3/50

MAY 19 1950

FEB 12 1951

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 Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address Sweet Springs 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.