

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 2 1950 STANDARD CERTIFICATE OF DEATH

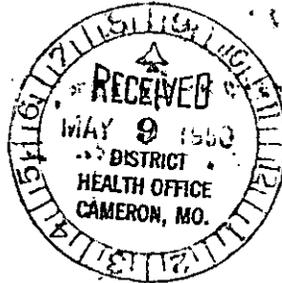
State File No. 17411

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

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 92

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u> | |
| b. CITY OR TOWN <u>Chillicothe</u> c. LENGTH OF STAY (In this place) <u>4 yrs</u> | | c. CITY OR TOWN <u>Boonville</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 Curtis St.</u> | | d. STREET ADDRESS (If rural, give location) <u>none</u> | |
| 3. NAME OF DECEASED (First) <u>Perry</u> (Type or Print) | | b. (Middle) <u>nee</u> c. (Last) <u>Krickerbocker</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 18. DATE OF BIRTH <u>Oct. 12, 1878</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator & Owner of Telephone Exchange</u> | | 9. AGE (In years last birthday) <u>71</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Exchange</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lafayette, Mich.</u> | |
| 13a. FATHER'S NAME <u>Walter W. Krickerbocker</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mariah Barnes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | |
| 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>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Freeman Harris</u> | | ADDRESS <u>Chillicothe, 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>Myocardial Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wk</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>50%</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>23 Oct, 1950</u> , to <u>3 May, 1950</u> , that I last saw the deceased alive on <u>3 May, 1950</u> , and that death occurred at <u>5:00 pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>W D Vandone M.D.</u> | | 23b. ADDRESS <u>Chillicothe Mo</u> | |
| 23c. DATE SIGNED <u>5 May 1950</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-5-50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Utica</u> | | 24d. LOCATION (City, town, or county) (State) <u>Utica Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>May 15 1950</u> | | REGISTRAR'S SIGNATURE <u>Frances B Neill</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda Jordan</u> | | ADDRESS <u>Chillicothe Mo.</u> | |



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 *David Jordan*

Licensed Embalmer No. 4191

P. O. Address Phillipston, 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.