

FILED APR 27 1951

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

State File No. 12150

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 64

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u> | |
| c. LENGTH OF STAY (In this place) <u>36 hrs</u> | | d. STREET ADDRESS (If rural, give location) <u>West State 0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>HENRY</u> c. (Last) <u>KRIETE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 4, 1878</u> |
| 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u> | IF UNDER 4 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Official</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>County Collector</u> | 11. BIRTHPLACE (State or foreign country) <u>Red Oak, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Edward Kriete</u> | | 13b. MOTHER'S MAIDEN NAME <u>ANNA PLUMMER</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ida Kriete (Dec'd)</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 Allen Peters</u> | | ADDRESS <u>Union, 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. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Hemiplegia - Apoplectic</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> |
| ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> | | | |
| 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 | | 19b. MAJOR FINDINGS OF OPERATION <u>334X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | | 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>4-8</u> , 19 <u>51</u> , to <u>4-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>51</u> , and that death occurred at <u>11:55 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H.M. Lenny</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Union, Mo.</u> | |
| 23c. DATE SIGNED <u>4.17.51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/18/1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Union Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Apr. 17, 1951</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> 99 | |
| 25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Union, Mo.</u> | |

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

1362
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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 23 1951

RECEIVED

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 Harlan D. Johannaber

Licensed Embalmer No. 4488

P. O. Address Union, Missouri

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.