

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23970**

FILED JUL 17 1951

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 226	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Cole Camp, Mo 0080		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hosp.				3. NAME OF DECEASED a. (First) MARGARETHA b. (Middle) ADELHEID c. (Last) KROENKE			
4. DATE OF DEATH (Month) (Day) (Year) July 13 1951		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH July 5 1869		9. AGE (Years) (Months) (Days) 82 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Claus Sicken		13b. MOTHER'S MAIDEN NAME Agasha Sicken	
14. NAME OF HUSBAND OR WIFE Henry Kroenke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OF NAME AND ADDRESS Lilce Sicken Cole Camp Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Mesenteric Venous Thrombosis				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Perine Congestion DUE TO (c) Generalized			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Perine Congestion				19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	
20. AUTOPSY? YES <input checked="" 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) m.		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 11 July 1951 to 13 July 1951 , that I last saw the deceased alive on 13 July 1951 , and that death occurred at 1:30 PM from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Carl Sicken M.D.				23b. ADDRESS 412 1/2 S. Shields Salalia Mo		23c. DATE SIGNED 13 July 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 16		24c. NAME OF CEMETERY OR CREMATORY Trinity Cemetery		24d. LOCATION (City, town, or county) (State) Cole Camp Mo.	
DATE REC'D BY LOCAL REG. July-14-51		REGIS. (R.A.R.) SIGNATURE W. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Harold Perry Cole Camp, Mo.			

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

804

RECEIVED 7-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-16-51

AUG 20 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.

Signed *Harold Ranz*

Signed _____
Student Embalmer

Licensed Embalmer No. *4097*

P. O. Address *Cole Camp, 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.