

FILED JUL 16 1951

STANDARD CERTIFICATE OF DEATH

26010

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4545 Registrar's No. 497

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>FESSENDEN</b> b. COUNTY <b>8330</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARSHFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NORTH DAKOTA</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>F</b> c. (Last) <b>KRUGEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29 1951</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>APRIL 15 1917</b>		9. AGE (In years) (Months) (Days) <b>34 1 14</b>		10. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CIRCUS WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>GRAND RAPIDS MINN W SA</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>JOSEPH H KRUGEL</b>		13b. MOTHER'S MAIDEN NAME <b>LOTTIE BETTS</b>		13c. NAME OF HUSBAND OR WIFE <b>JENE KRUGEL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>515-03-5207</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SHERIFF MARSHFIELD</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Skull Fracture				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) <b>Car &amp; Truck Collision</b>				
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>112</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4:30, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>K. K. Kelley</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Frankland MO</b>		23c. DATE SIGNED <b>6-8-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-8-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARSHFIELD</b>	
24d. LOCATION (City, town, or county) (State) <b>MARSHFIELD MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BARBER-DARTO MARSHFIELD</b>			
DATE REC'D BY LOCAL REG. <b>7-5-51</b>		REGISTRAR'S SIGNATURE <b>J. Francis</b>		392	

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED **JUL 14 1961**

Dist. File

Date Filed

227-1353  
2-14-61

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Marshallfield, 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.