

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

FILED OCT 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. **30598**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 151

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Tasper</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Tasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>107 E. Wells St. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Lord</u>	b. (Middle) <u>ALVETIA</u>	c. (Last) <u>KROKOSKIA</u>	(Month) <u>Oct.</u>	(Day) <u>3.</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 6, 1904</u>		9. AGE (In years last birthday) <u>47</u> if UNDER 1 YEAR <u>7</u> if UNDER 1 MONTH <u>27</u> if UNDER 1 HRS. <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Woodborough, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John A. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Jannie Ecker</u>		14. NAME OF HUSBAND OR WIFE <u>Darrell Krokoskia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>578-07-5993</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Darrell Krokoskia</u> ADDRESS <u>Carl Jct. Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>		ANTECEDENT CAUSES			
DUE TO (b) <u>Hypertension</u>		DUE TO (c) <u>331X</u>			
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)		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) (Min.)		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 10-3, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 1:51 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Folsom</u>		23b. ADDRESS <u>P.O. Box, Cartersville, Mo.</u>		23c. DATE SIGNED <u>10-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frederick Cemetery, Frederick, Md.</u>	
24d. LOCATION (City, town, or county) (State) <u>Frederick, Md.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Corey</u>		ADDRESS <u>Carl Jct. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 4-51</u>		REGISTRAR'S SIGNATURE <u>J. L. Drekelett</u>			

RECEIVED 10/9/51
Jasper County Health Office

NOV 28 1951

County File Number 51/10/779

Date Filed 10/9/51

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 Myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Clayton M Johnston

Licensed Embalmer No. 4304

P. O. Address Well City, 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.