S. No. 300
Rev. 10.48

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19202

State File No.

BIRTH NO. REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6282 Registrar's No. 7

1142

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CLARK
c. LENGTH OF STAY (In this place): 5 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HIGHWAY, 60 MACOMB, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CLARK 1140
d. STREET ADDRESS (If rural, give location): HIGHWAY 60 MACOMB, MO.

3. NAME OF DECEASED (Type or Print): a. (First) FREDRICK b. (Middle) WM c. (Last) KRUMM
4. DATE OF DEATH (Month) (Day) (Year): MAY 30 1952
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3/4/1880
9. AGE (In years last birthday): 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): MARTEL NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: MICHEAL KRUMM
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ANNA DIDERIKSEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): SPANISH AMERICAN
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Anna Diderikson ADDRESS: Macomb, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteo - Sarcoma (Shine) — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Osteo Sarcoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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: 196 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-20, 1952, *to* 5-28, 1952, *that I last saw the deceased alive on* 5-28, 1952, *and that death occurred at* 6:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. G. Craig (Degree or title) DO.
23b. ADDRESS: Mountain Grove Mo
23c. DATE SIGNED: 5-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5/31/52
24c. NAME OF CEMETERY OR CREMATORY: CHAPEL NEBRASKA
24d. LOCATION (City, town, or county) (State): JULESBORG COLORADO

DATE REC'D BY LOCAL REG.: 6-3-1952
REGISTRAR'S SIGNATURE: Mrs A.R. Wrenham 347
25. FUNERAL DIRECTOR'S SIGNATURE: Ken Barber ADDRESS: Mtn. Grove

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 1968

WRIGHT CO. HEALTH DEPT.
County File Number 652-68
Date Filed 6-7-68

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 Rev Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.