

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1952

BIRTH NO.		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Pacific		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) AGNES FANNIE b. (Middle) KRUEGER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1952				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH April 6, 1878	
9. AGE (In years if under 1 year, last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		9. AGE (In years if under 1 year, last birthday) 74	
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Robert C. Allen			13b. MOTHER'S MAIDEN NAME Bernie Wengler		14. NAME OF HUSBAND OR WIFE Charles Krueger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Russell Krueger			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS					INTERVAL BETWEEN ONSET AND DEATH 48
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential Hypertension					2
DUE TO (c)		Diabetes mellitus.					2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Sclerosed arteries					4
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X					20. AUTOPSY? YES <input 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)		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 May 10, 1952, to June 12, 1952, that I last saw the deceased alive on June 12, 1952, and that death occurred at 10 AM., from the causes and on the date stated above.							
23a. SIGNATURE Russell Krueger M.D.				23b. ADDRESS Pacific, Mo.		23c. DATE SIGNED 6/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery		24d. LOCATION (City, town, or county) (State) Pacific, Mo.	
DATE REC'D BY LOCAL REG. June 14, 1952		REGISTRAR'S SIGNATURE L.P. Schumann		25. FUNERAL DIRECTOR'S SIGNATURE L.P. Schumann		ADDRESS Pacific, Mo.	

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

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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

J. L. Fisher

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.