

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20864

State File No.

FILED JUL 11 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 278

195
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - JOPLIN 0730</u>	
		d. STREET ADDRESS (If rural, give location) <u>ROUTE 4, JOPLIN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>TRACY</u> b. (Middle) <u>ALINE</u> c. (Last) <u>KRUMMEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19 1952</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG. 12, 1915</u>
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INVALID</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>JOPLIN, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WM. A. KRUMMEL</u>	
13b. MOTHER'S MAIDEN NAME <u>CLAY MERING</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WM. A. KRUMMEL, Rt. 4, JOPLIN, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>second degree burns</u> <u>4 mos.</u> DUE TO (c) <u>massive & multiple ulcers</u> <u>3 weeks</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ulcers E9160</u> <u>Wongdianum 172 16</u> <u>37 years</u>	
19a. DATE OF OPERATION <u>6-19-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple & massive ulcers</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER MO.</u>	
21d. TIME OF INJURY <u>Jun. 6 1952 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Caught depth on fire</u>			
22. I hereby certify that I attended the deceased from <u>June 15, 1952</u> to <u>June 26, 1952</u> , that I last saw the deceased alive on <u>June 17, 1952</u> and that death occurred at <u>11:07 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward Smith, M.D.</u>		23b. ADDRESS <u>First Building Joplin Mo</u>	
23c. DATE SIGNED <u>6-22-52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>HORNET</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-22-52</u>	
24c. LOCATION (City, town, or county) <u>HORNET, MO.</u>		24d. DATE <u>6-22-52</u>	
DATE REC'D BY LOCAL REG. <u>6-22-52</u>		REGISTRAR'S SIGNATURE <u>James 138</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker</u>		ADDRESS <u>MORTUARY, JOPLIN, MO.</u>	

RECEIVED 7-9-52
Jasper County Health Office

County File Number 52/7/507
Date Filed 7-9-52

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Jasper 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.