

S. No. 300
EV. 10.48

JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24938
Registrar's No. 50

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5034

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville, 0541	
c. LENGTH OF STAY (in this place) 11 years		d. STREET ADDRESS (If rural, give location) -----	
d. FULL NAME OF HOSPITAL OR INSTITUTION Tillie			

3. NAME OF DECEASED (Type or Print) a. (First) Tillie b. (Middle) ----- c. (Last) Kronsbein			4. DATE OF DEATH (Month) (Day) (Year) July 8 1952	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 8th 1880		9. AGE (In years) (Months) (Days) (Hours) (Min.) 72 5	
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10a. USUAL OCCUPATION (Give kind of work depending most of working life. Even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Fontanette, Nebraska. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Herman Richter		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louis H. Kronsbein	
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis H. Kronsbein Higginsville	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchitis Antecedent Causes Bronchial Asthma Morbidity 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 (1) Rheumatoid Arthritis (2) Arterio-sclerotic heart disease Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Years Years Years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from June 9, 1950, to July 8, 1952, that I last saw the deceased alive on July 7, 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Halter G. Osborn, M.D.		23b. ADDRESS Higginsville, Missouri.		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/12/52.		24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery		24d. LOCATION (City, town, or county) (State) Higginsville, Mo.	
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DATE REC'D BY LOCAL REG. July 14, 1952		REGISTRAR'S SIGNATURE Clayton W. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE Halter G. Osborn		ADDRESS Higginsville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-4

my pen quill

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 Roy J. Wiegman

Licensed Embalmer No. 2883

P. O. Address Higginsville, Missouri

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.