

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 18 1952

| | | | | | | | |
|---|--|--|---|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>180179</u> | | PRIMARY REG. DIST. NO. <u>5673</u> | | Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monroe</u> | | c. LENGTH OF STAY (In this place) <u>all life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Monroe</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi north of Eldlyn Mo</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi north of Eldlyn Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>KRIEG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13, 52</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 15, 1903</u> | |
| 9. AGE (In years last birthday) <u>49</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Meridan Minn.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Frank S Krieg</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Carl</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Billie Krieg</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>488-26-0073</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Billie Krieg</u> ADDRESS <u>Monroeville 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1903</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>??</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | 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 <u>Aug 13, 1952</u> , to <u>Aug 13, 1952</u> , that I last saw the deceased alive on <u>Aug 13, 1952</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Norman L. Murchoney M.D.</u> | | | | 23b. ADDRESS <u>500 Third St. Troy Mo.</u> | | 23c. DATE SIGNED <u>Aug 13, 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Aug 15, 52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Prairie Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Eldlyn Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug-15-1952</u> | | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | | 16.2 <u>Wayne McBoy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McBoy</u> ADDRESS <u>Troy Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

570
1

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 Wayne McCoy

Licensed Embalmer No. 3584

P. O. Address Jaymo

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.