No. 300
10.48

NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35740

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-MARION TWP.
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT. 1, HOLLIDAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-MARION TWP.
d. STREET ADDRESS (If rural, give location): RT. 1, HOLLIDAY

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL b. (Middle) GEORGE c. (Last) KREMBS

4. DATE OF DEATH (Month) (Day) (Year): OCT. 23, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 21, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 4, Days 2 — 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: GENERAL FARMING
11. BIRTHPLACE (City and State or Foreign Country): MONROE CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: HENRY KREMBS
13b. MOTHER'S MAIDEN NAME: ELIZABETH MOORE
14. NAME OF HUSBAND OR WIFE: EDITH KREMBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME: MRS. D. G. KREMBS, ADDRESS: HOLLIDAY, 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) cardiac decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pneumonia - lobar
DUE TO (c) Some angina pectoris.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 490 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* Jan., 1945, *to* Oct. 23, 1952, *that I last saw the deceased alive on* Oct. 23, 1952, *and that death occurred at* 12:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Nellie E. Christman (Degree or title) D.O.
23b. ADDRESS: PARIS, MO.
23c. DATE SIGNED: 10-24-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-25-52
24c. NAME OF CEMETERY OR CREMATORY: BETHEL CEMETERY
24d. LOCATION (City, town, or county) (State): HOLLIDAY, MO.

DATE REC'D BY LOCAL REG.: 10-27-52
REGISTRAR'S SIGNATURE: Elsie Robertson 471-0
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey, ADDRESS: PARIS, MISSOURI

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

APR 29 1953

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 Ed H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.