

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42894

State File No. ....

FILED DEC 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bear Creek</u> c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bear Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0700</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pinkie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Krause</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-4-1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-10-1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Duty</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clark Smedeker</u>	13b. MOTHER'S MAIDEN NAME <u>Althea Hodges</u>	14. NAME OF HUSBAND OR WIFE <u>Geo Krause</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Krause</u>	ADDRESS <u>Bellflower Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u> <u>9 years</u> <u>1 year</u> <u>1 month</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Colon</u> DUE TO (c) <u>Malignant</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ascites Edema duct Ca.</u>		

19a. DATE OF OPERATION <u>7-6-1944</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid Colon 153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 8-11, 1943, to 12-4, 1952, that I last saw the deceased alive on 11-26, 1952, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. V. Anderson, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Montgomery City, Mo</u>	23c. DATE SIGNED <u>12/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower</u>	24d. LOCATION (City, town, or county) (state) <u>Bellflower Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-8-52</u>	REGISTRAR'S SIGNATURE <u>Miss May Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alford A. Jones</u>	ADDRESS <u>Bellflower Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

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

FEB 16 1967

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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Clarence Jones*

Licensed Embalmer No. *2978*

P. O. Address *Bellflower, 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.