

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1953

State File No. 2147

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 11			
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston					
b. CITY OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 1 day.		c. CITY OR TOWN Rural		0590			
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hosp.				d. STREET ADDRESS (If rural, give location) 31/2 M. West Chillicothe					
3. NAME OF DECEASED (Type or Print) a. (First) LAFETTE			b. (Middle) SHERMAN		c. (Last) KROMEICH		4. DATE OF DEATH (Month) (Day) (Year) 1 24 1953		
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 6-12-1885		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Caldwell Co. Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Albert Kromeich			13b. MOTHER'S MAIDEN NAME Annie White			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 187-14-2136		17. INFORMANT'S SIGNATURE OR NAME Frank Kromeich Hamilton			ADDRESS MOO	
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) Myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 2 days 5 days 20 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 480X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Mar 8, 1953, to Jan 24, 1953, that I last saw the deceased alive on Jan 24, 1953, and that death occurred at 4:50 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)					23b. ADDRESS			23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-1953		24c. NAME OF CEMETERY OR CREMATORY White Oak		24d. LOCATION (City, town, or county) Braymer Mo.		(State)	
DATE REC'D BY LOCAL REG. 1-26-53		REGISTRAR'S SIGNATURE Frances B Neill			25. FUNERAL DIRECTOR'S SIGNATURE Bram Funeral Home		ADDRESS Hamilton Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

1592

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

R. Lester Bram

Signed.....

Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Hamilton 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. ..