

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17690**

FILED MAY 25 1953

BIRTH NO. **28597** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **489**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b> <b>0396</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>1463 Benton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>Judith</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Krueger</b>	<b>May 21, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant 0</b>	8. DATE OF BIRTH <b>May 20, 1953</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William F. Krueger</b>		13b. MOTHER'S MAIDEN NAME <b>Aileen Abernathy</b>		14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William F. Krueger Springfield,</b>	

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) <b>Congenital atelectasis both lungs</b>		Mo. INTERVAL BETWEEN ONSET AND DEATH <b>at birth</b>	
ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral edema, severe 1 hour.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7620</b>		20. AUTOPSY? YES <input checked="" 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) (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 **May 20, 1953, to May 21, 1953**, that I last saw the deceased alive on **May 21, 1953**, and that death occurred at **10:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. Wendell Stewart, D. M. D.</b>		23b. ADDRESS <b>203 Professional Bldg. Springfield, Mo.</b>		23c. DATE SIGNED <b>May 22, '53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 22, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	
		24d. LOCATION (City, town, or county) <b>Springfield, Missouri</b>		(State) :	

DATE REC'D BY LOCAL REG. <b>May 22, 1953</b>		REGISTRAR'S SIGNATURE <b>Edith Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gorman-Scharpf Funeral Home Springfield, Missouri</b>	
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**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 \_\_\_\_\_

*Lewis G. Schaff*

Licensed Embalmer No. *380 R*

P. O. Address *Springfield, 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.