

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25498**

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>912 ORANGE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>912 ORANGE ST</u>		e. 540	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>ALFRED</u> c. (Last) <u>KROENCKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 19 1953</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>MARCH 1 1885</u>	9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>DRUG G-EST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRUG STORE OWNER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>JOHN KROENCKE</u>	13b. MOTHER'S MAIDEN NAME <u>SOPHIA FREDERICK</u>	14. NAME OF HUSBAND OR WIFE <u>SARAH KROENCKE</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. (If yes, give war or dates of service) <u>497-36-9950</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS SARAH KROENCKE</u> ADDRESS <u>CONCORDIA, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glioblastoma multiforme involving left cerebral cortex</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>193X</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June, 1948, to July 19, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Concordia, Mo</u>	23c. DATE SIGNED <u>7/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>
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DATE REC'D BY LOCAL REG. <u>7-21-53</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u> ADDRESS <u>Concordia Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1958

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 E. L. James

Licensed Embalmer No. 2058

P. O. Address Comadia, 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.