No. 300
10.48

FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31265

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5251 Registrar's No. _____

0210

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mendon (Rural)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mendon (Rural) 0210
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Kruger

4. DATE OF DEATH (Month) (Day) (Year) Sept 27-1953

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 12-1870
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 10 Days 15 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 Farming
11. BIRTHPLACE (City and State or Foreign Country) Sahine Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Christopher Kruger
13b. MOTHER'S MAIDEN NAME Mollie Neubauer
14. NAME OF [redacted] LIFE Anna E. Kruger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Tom AMMON - Mendon Mo ADDRESS

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) Pneumonia, Lobar — INTERVAL BETWEEN ONSET AND DEATH 48 Hours

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. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490X
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 Sept 25, 1953, to Sept 27 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr W H Payne D.O.
23b. ADDRESS Mendon Mo
23c. DATE SIGNED 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-29-53
24c. NAME OF CEMETERY OR CREMATORY McCullough
24d. LOCATION (City, town, or county) (State) Triphett Mo

DATE REC'D BY LOCAL REG. 9/29/53
REGISTRAR'S SIGNATURE Mildred Boone 56
25. FUNERAL DIRECTOR'S SIGNATURE S. L. Leipard ADDRESS Mendon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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, [redacted]

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed S. L. Leupard

Licensed Embalmer No. 3979

P. O. Address Wendom Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.