

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38229**

BIRTH NO.		REG. DIST. NO. 31	PRIMARY REG. DIST. NO. 5107	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY Benton 		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton 		
b. CITY (If outside corporate limits, write RURAL and give township) white Township 		c. LENGTH OF STAY (in this place township) 15 years 	c. CITY (If outside corporate limits, write RURAL and give township) white Township 0080 	
d. FULL NAME OF HOSPITAL OR INSTITUTION Innia 		d. STREET ADDRESS (If rural, give location) Ionia 0 		
3. NAME OF DECEASED (Type or Print) William 		a. (First) William 	b. (Middle) N. 	c. (Last) Krohn
4. DATE OF DEATH (Month) (Day) (Year) NOV 17, 1953 		5. SEX Male 0 		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 		8. DATE OF BIRTH April 18th 1867 		9. AGE (In years last birthday) 86
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) Schlesweg, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A. 		13a. FATHER'S NAME Detvel Krohn 		13b. MOTHER'S MAIDEN NAME Maria C Heinrichen
14. NAME OF HUSBAND OR WIFE Maggie Krohn 		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver 		INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate 		DUE TO (c)		 1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION Oct. 1952 		19b. MAJOR FINDINGS OF OPERATION Cratotomy - Bristle Obstruction 		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Oct , 1952, to Nov 17 , 1953, that I last saw the deceased alive on Nov. 17 , 1953, and that death occurred at 7:30 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Thomas J. Higgins, M.D. 		23b. ADDRESS Cole Camp, Mo 		23c. DATE SIGNED 11/17/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 		24b. DATE Nov 19, 1953 	24c. NAME OF CEMETERY OR CREMATORY Memorial park 	24d. LOCATION (City, town, or county) (State) Sedalia, Mo
DATE REC'D BY LOCAL REG. Nov 19, 1953 		REGISTRAR'S SIGNATURE E L Eickhoff 394 		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E L Eickhoff Cole Camp Mo

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

0080

JAN 28 1950

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 E. L. Eielson
.....
Licensed Embalmer No. 130

P. O. Address Cole Camp 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.