

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **9647**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4411** Registrar's No. **13**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pike</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Rural Bowling Green</b>	
c. LENGTH OF STAY (in this place) <b>3 1/2</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 MI. N. of Bowling Green Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>B.B. Springs Nursing Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>ELIZABETH DELANE KRIEG</b>			<b>4. DATE OF DEATH</b> (Month) <b>March</b> (Day) <b>28</b> (Year) <b>1954</b>		
a. (First)		b. (Middle)	c. (Last)		

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Sept 10 1869</b>	<b>9. AGE</b> (In years last birthday) <b>84</b> (Months) <b>6</b> (Days) <b>8</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>10a. USUAL OCCUPATION</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>

<b>13a. FATHER'S NAME</b> <b>Thomas Koffer</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Gudy McMillan</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Fred Krieg</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Alva Krieg</b>	<b>ADDRESS</b> <b>1111 Mo</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>arterio sclerosis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4500</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>_____ Pike Mo</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** **1950**, to **March 8, 1954**, that I last saw the deceased alive on **March 1, 1954**, and that death occurred at **10 1/2 p.m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>J. M. Ma... nee Bowling Green Mo</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>4-3-54</b>	<b>23c. DATE SIGNED</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>3/18/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Corinth Cemetery Lincoln County Mo</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>_____ Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3/31/54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Bill Robinson</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wayne M. Coy</b>	<b>ADDRESS</b> <b>1111 Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

0820  
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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 Wayne M. Coy

Licensed Embalmer No. 3586

P. O. Address Tray 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.