

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15321

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE TEXAS b. COUNTY SWISHER	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON CITY township)		c. LENGTH OF STAY (In this place) 1 week	c. CITY OR TOWN TULIA
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) LORETTA c. (Last) KRIEG		4. DATE OF DEATH (Month) (Day) (Year) JUNE 9th, 1954	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 27, 1891	9. AGE (In years last birthday) 62 Months 3 Days 12	IF UNDER 14 HRS. Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Chamois, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wiley J. Langendoerfer	13b. MOTHER'S MAIDEN NAME Carrie Holstine	14. NAME OF HUSBAND OR WIFE Ben F. Krieg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Cowin	ADDRESS Midland, Texas
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic acidosis + Coma		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Lung Abscess (?)		(?)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 5, 1954 to June 9, 1954 that I last saw the deceased alive on June 7, 1954, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE Francis V. Miller M.D.	23b. ADDRESS Jeff. City, Mo.	23c. DATE SIGNED 6/11/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/11/54	24c. NAME OF CEMETERY OR CREMATORY Linn Memorial Park	24d. LOCATION (City, town, or county) (State) Linn, Mo.
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DATE REC'D BY LOCAL REG. June 11-54	REGISTRAR'S SIGNATURE R. P. Darrie M.D. - MR	25. FUNERAL DIRECTOR'S SIGNATURE Chap. Morton	ADDRESS Morton Funeral Home . Linn, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 30 1957

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.....
Signature of Student Embalmer

Signed *Samuel M. [unclear]*

Licensed Embalmer No. *416*

P. O. Address *Linn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.