

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

FILED JUN 1 1954

State File No. 17588

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 3071		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Saline</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Slater</i>		c. LENGTH OF STAY (in this place) <i>2 years</i>		c. CITY OR TOWN <i>Slater</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>09710</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>326 East Parker St</i>				e. STREET ADDRESS (If rural give location) <i>326 East Parker St</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>MIDDIE</i> b. (Middle) <i>ELIZABETH</i> c. (Last) <i>KRUEGER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 22-54</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 8-1877</i>		9. AGE (In years last birthday) <i>76-9-14</i>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Fenersville, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>James Beuers</i>			13b. MOTHER'S MAIDEN NAME <i>Katherine Beuers</i>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Alfred Krueger, Slater Mo</i>			
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) <i>Chronic Myocarditis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <i>3 yr</i> <i>5 yr?</i>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION <i>no</i>		19b. MAJOR FINDINGS OF OPERATION <i>no</i>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>4221</i>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>no</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>no</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>no</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>no</i>			
22. I hereby certify that I attended the deceased from <i>May 10, 1954</i> to <i>May 17, 1954</i> , that I last saw the deceased alive on <i>May 17, 1954</i> , and that death occurred at <i>10:57 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W E Frankfort</i>				23b. ADDRESS <i>Slater Mo</i>		23c. DATE SIGNED <i>5/25/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-25-54</i>		24c. NAME OF CEMETERY OR CREMATORIUM <i>St Paul Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Near Saline City Mo</i>	
DATE REC'D BY LOCAL REG. <i>5/26/54</i>		REGISTRAR'S SIGNATURE <i>Arthur E Metz</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John Jones</i>		ADDRESS <i>Slater Mo</i>	

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

971
1

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 *James E. Jones*
Licensed Embalmer No. *1931*
P. O. Address *State*

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.