

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19381

State File No.

FILED JUL 15 1954.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 133

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Carthage
 d. Is Residence within limits of a city or incorporated town? Yes No
 • STREET ADDRESS (If rural, give location) 1811 S. Main St. 0493

3. NAME OF DECEASED
 (Type or Print) a. (First) Fred b. (Middle) W. c. (Last) Krummel

4. DATE OF DEATH (Month) (Day) (Year)
July 3, 1954

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH Feb. 12, 1871

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Apartment owner

10b. KIND OF BUSINESS OR INDUSTRY
Apartment owner

11. BIRTHPLACE (City and State or Foreign Country)
East St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
John H. Krummel

13b. MOTHER'S MAIDEN NAME
Anna Marie Eries

14. NAME OF HUSBAND OR WIFE
None

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.
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Clyde Krummel 1811 Main Carthage

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) arterosclerotic, Cardio
 DUE TO (c) renal, Vascular disease
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH
3 da
4487

19a. DATE OF OPERATION
none

19b. MAJOR FINDINGS OF OPERATION
none

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
none

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)
none

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, 1953, to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
George H. Wood M.D.

23b. ADDRESS
Carthage Mo

23c. DATE SIGNED
7/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
7-6-54

24c. NAME OF CEMETERY OR CREMATORY
Sarcoxie Cemetery

24d. LOCATION (City, town, or county) (State)
Sarcoxie, Missouri

DATE REC'D BY LOCAL REG.
7-6-54

REGISTRAR'S SIGNATURE
Margaret Coster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ulmer Funeral Home Carthage, Mo.

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

JUL 16 1954

RECEIVED JUL 14 1954

Jasper County Health Office

County File Number 547

Date Filed JUL 14 1954

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 *Ed. L. Shroy, Jr.*

Licensed Embalmer No. 1953

P. O. Address *Cartersville, Ga.*

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.