

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21773

State File No. ....

BIRTH NO. .... REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Bethel</u>		c. LENGTH OF STAY (in this place) <u>79</u>	c. CITY OR TOWN <u>Rural Bethel Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			No. STREET ADDRESS (If rural, give location) <u>1820 3 mi West of Bethel, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u> b. (Middle) <u>Matilda</u> c. (Last) <u>Krieg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 1954</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 8 - 1874</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethel, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Moffett</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Ritter</u>		14. NAME OF HUSBAND OR WIFE <u>John G. Krieg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Iris Schwaner Bethel, Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Congested Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>2 years</u> <u>3 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)
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 <u>MAY 27, 1954</u> , to <u>JUNE 9, 1954</u> , that I last saw the deceased alive on <u>JUNE 8, 1954</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Howard W. Outton</u>		23b. ADDRESS <u>1007 Bethel Mo.</u>		23c. DATE SIGNED <u>June 9, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>JUNE 11 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2 mi West of Bethel, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 14 - 54</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. Musgrave Bethel, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *[Signature]* Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 2719

P. O. Address *[Signature]*

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.