

No. 300  
10.48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26102 State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4545 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL OZARK		c. CITY OR TOWN MARSHFIELD MO R2	
c. LENGTH OF STAY (in this place) 18 MO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 9/12/54	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
e. STREET ADDRESS (If rural, give location) 3 MI S.W. MARSHFIELD MO			

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) M c. (Last) KRIER			4. DATE OF DEATH (Month) (Day) (Year) JULY 27 1954			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 12 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) JEWEL CITY KANS 1		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME PETER KRIER	13b. MOTHER'S MAIDEN NAME MARGARET RYAN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. W.W. I 489261400	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS HENRY WILLIS MARSHFIELD R2
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation - "cardiac standstill"		INTERVAL BETWEEN ONSET AND DEATH 3 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Lung aspiration of fluids		"
DUE TO (c) Throat muscle paralysis, Progressive 2 months		11. OTHER SIGNIFICANT CONDITIONS " Encephalomalacia arteriosclerotic heart disease 6 years		3 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Marshfield, Mo. 112
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8 Dec 1953, to 27 July 1954, that I last saw the deceased alive on 21 July 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Macdonnell M.D.	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 28 July 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-30-1954	24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	24d. LOCATION (City, town, or county) (State) MARSHFIELD MO
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DATE REC'D BY LOCAL REG. 7-30-54	REGISTRAR'S SIGNATURE J. Straven 392	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER, F. H. MARSHFIELD
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1954

AUG 24 1954

AUG 5

**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 *Glen D. Williams*

Licensed Embalmer No. *465*

P. O. Address *Marshall*

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.