

FILED SEP 30 1954

STANDARD CERTIFICATE OF DEATH

State File No. 30060

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

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4114 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon</u>		c. CITY OR TOWN <u>Mendon</u>	4. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>E</u> c. (Last) <u>Kruger</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26-1954</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 11-1884</u>	
9. AGE (in years last birthday) <u>70</u> 10. MONTHS <u>0</u> 11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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 <u>Housework</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph MO</u>		13a. FATHER'S NAME <u>Peter Masters</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy ANN Wilson</u>		13c. NAME OF HUSBAND OR SUCCESSOR <u>Chas Kruger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs William Ammon</u>		ADDRESS <u>Mendon 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Anoxemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>56 hrs.</u>	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Uremic Acidosis</u>	
DUE TO (c) <u>Kimmelstiel-Wilson Syndrome</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>long Standing Diabetes Mellitus</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>-260 x i</u>	
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) _____		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>Sept 22, 1954</u> , to <u>Sept 26, 1954</u> , that I last saw the deceased alive on <u>Sept 25, 1954</u> , and that death occurred at <u>12:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. B. Johnston M.D.</u>		23b. ADDRESS <u>Mendon, Mo.</u>	
23c. DATE SIGNED <u>Sept 27 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/28/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McCubhough</u>		24d. LOCATION (City, town, or county) (State) <u>Thibbett MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept 27-54</u>		REGISTRAR'S SIGNATURE <u>Mildred Brane</u> 56-0	
25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Heipand</u>		ADDRESS <u>Mendon MO</u>	

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 *A. L. Leopard*.....

Licensed Embalmer No. *391*

P. O. Address *Wendon*.....

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.