

FILED DEC 20 1954

STANDARD CERTIFICATE OF DEATH

40048

State File No.

BIRTH NO.		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>14 days</u>		c. CITY OR TOWN <u>Monett</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>B</u> No <u>B</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>525 E. Cleveland St.</u> <u>2051</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>LYDIA</u> c. (Last) <u>KRUGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7/8/1880</u>		
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>4</u>		11. YEARS <u>28</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Piedmont Valley, Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>BART COMBS</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA COMBS</u>		14. NAME OF HUSBAND OR WIFE <u>W.C. KRUGER (decs)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KERMIT KRUGER KANSAS CITY, 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>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</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>in my 10</u> , 19 <u>54</u> , to <u>Dec 6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 6</u> , 19 <u>54</u> , and that death occurred at <u>5:16 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank W. Kern M.D.</u> (Degree or title)				23b. ADDRESS <u>Monett Mo.</u>		23c. DATE SIGNED <u>12-7-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waldensian Church</u>		24d. LOCATION (City, town, or county) (State) <u>S. Monett, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-8-54</u>		REGISTRAR'S SIGNATURE <u>Mrs P.N. Cook (Deputy)</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. D. Buchanan Monett, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

HARRY COUNTY HEALTH UNIT
CALDWELL, MO.

NO. 1254-148

DATE REC. 12-10-54

MOEG

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 J. D. Buchanan

Licensed Embalmer No. 3174

P. O. Address Monett

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.