

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 40574

FILED DEC 29 1954

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5436 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY OR TOWN <u>RURAL BOWLEWARE TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BOWLEWARE TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. EAST OF HOPE</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. EAST OF HOPE</u> ^{D370}	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>KRUEGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 29 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC-31-1907</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR <input checked="" type="checkbox"/> DAY <input checked="" type="checkbox"/> HOUR <input checked="" type="checkbox"/> MIN. <input checked="" type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>PULLMAN WASH.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>HERMAN KRUEGER</u>		13b. MOTHER'S MAIDEN NAME <u>IDA KLOSSNER</u>		14. NAME OF HUSBAND OR WIFE <u>ALMA HEMMEYER</u>	
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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>498-26-8329</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Krueger</u> ADDRESS <u>Pershing Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid 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>1 1/2 hr</u>	
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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) _____	
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 Nov 29, 1954, to Nov 29, 1954, that I last saw the deceased alive on Nov 26, 1954, and that death occurred at 5:22 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard Workman M.D.</u> (Degree or title)		23b. ADDRESS <u>Merimane Mo</u>		23c. DATE SIGNED <u>12-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/1/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM PRESBY. CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Hope Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes/Blumen</u> ADDRESS <u>HERMANN Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 1-54</u>		REGISTRAR'S SIGNATURE <u>Deluca Gerken</u> 492		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes/Blumen</u> ADDRESS <u>HERMANN Mo</u>	

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

YS MAR 8 1960

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3160

P. O. Address Norman

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 this body is not embalmed, fact should be so stated above.