

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>12 days</u>	c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>617 N. Jefferson Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>----</u> c. (Last) <u>KROUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 22, 1955</u>	
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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>18 Feb. 1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. shoe maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Quinton Bridges, N. Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Krouse</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Stuart</u>		14. NAME OF HUSBAND OR WIFE <u>Alberta Krouse</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>----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alberta Krouse, 617 N. Jefferson Ave, Springfield, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> 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>10 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>		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.) <u>7033</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21, 1955 7:00 p.m.</u>	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 Jan 12, 1955 to Jan 22, 1955, that I last saw the deceased alive on Jan 21, 1955 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Newton Waller, M.D.</u>	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>1-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>24 Jan. 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-28-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank C. Prieme, Springfield, Missouri</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EX 10 1955

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 *Ralph H. Thomas*

Licensed Embalmer No. 3681
Springfield,
P. O. Address Missouri.

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.