

No. 300
10.48

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5389

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		c. LENGTH OF STAY (in this place) 25 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg. 0512		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Medical Center.			d. STREET ADDRESS (If rural, give location) 407, Broad St. 0		

3. NAME OF DECEASED (Type or Print) a. (First) Lettie b. (Middle) May c. (Last) Kresse.			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1955		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July, 26, 1876	9. AGE (in years last birthday) 78	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours	Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. MO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. H. Wham.	13b. MOTHER'S MAIDEN NAME unknown.	14. NAME OF HUSBAND OR WIFE Joseph Kresse
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amos Kresse, Warrensburg, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 44 days 7 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cerebral Hemorrhage.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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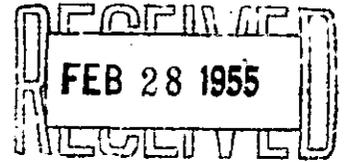
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Feb 19, 1955, to Feb 23, 1955, that I last saw the deceased alive on Feb 23, 1955, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE 147 (Degree or title) [Signature]	23b. ADDRESS Warrensburg, MO	23c. DATE SIGNED Feb 25, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 25, Feb, 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cem.	24d. LOCATION (City, town, or county) (State) Warrensburg, MO.
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DATE REC'D BY LOCAL REG. Feb. 25, 1955	REGISTRAR'S SIGNATURE Savannah Cristobal	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, MO.
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JOHNSON COUNTY HEALTH DEPT.

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 R. Q. Phillips.....

Licensed Embalmer No. 2320.....

P. O. Address Warrensburg MO.....

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.