

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5431**

FILED MAR 10 1955

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>CONCORDIA</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>MEMORIAL HOSPITAL</u>				No. STREET ADDRESS (If rural, give location) <u>302 WEST 7 TERRACE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGO</u>			b. (Middle) <u>P.</u>		c. (Last) <u>KRONSBREIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 6 1955</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>MAY 7, 1880</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAFAYETTE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>PETER KRONSBREIN</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE JOHANNISMIER</u>		14. NAME OF HUSBAND OR WIFE <u>SELMA KRONSBREIN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. SELMA KRONSBREIN CONCORDIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroio-vascular collapse with uremia</u>				DUE TO (b) _____				<u>72 hrs</u>
ANTECEDENT CAUSES				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal ulcer</u>								<u>Several years</u>
19a. DATE OF OPERATION <u>2/3/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stenosing duodenal ulcer</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) <u>5410</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>July 28, 1948</u> , to <u>Feb 6, 1955</u> , that I last saw the deceased alive on <u>Feb 6, 1955</u> , and that death occurred at <u>7:40 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. D. ...</u> (Degree or title)				23b. ADDRESS <u>Concordia Mo</u>		23c. DATE SIGNED <u>2/7/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>			
DATE REC'D BY LOCAL REG. <u>2-26-55</u>		REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. ...</u>		ADDRESS <u>Concordia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1957

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 204

P. O. Address Corvallis

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.