

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9191

State File No.

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 443 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Randolph 0880</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph 0880</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Huntsville</u>)	c. LENGTH OF STAY (in this place) <u>4 weeks</u>	c. CITY OR TOWN <u>Salt Spring Rural Township</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Winkler Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>Clifton Hill Highway #24 between/ & Huntsville</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mary</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Kroeker</u>	April	6	1955

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>August 10, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Murryville, Illinois /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Fred H. Kroeker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James C. Patterson</u>	ADDRESS <u>R#2: Huntsville, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hypostatic Pneumonia</u>	DUE TO (b) <u>Arteriosclerosis</u>	<u>2 days</u>
	ANTECEDENT CAUSES	DUE TO (c) <u>Myocarditis - Chronic</u>	<u>10 yrs.</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>5 yrs.</u>
	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 Jan 11, 1951, to April 6, 1955, that I last saw the deceased alive on 4-6-55, 1955, and that death occurred at 10:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Moeel Rain D.D.</u>	23b. ADDRESS <u>Clifton Hill</u>	23c. DATE SIGNED <u>4-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-8-55</u>	REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>	ADDRESS <u>Huntsville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Tom B Patton*

Licensed Embalmer No. *391*

P. O. Address *Huntville*

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.