No. 300
10.48

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

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23128

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 621 East 11th, Sedalia, 0864

3. NAME OF DECEASED (Type or Print)
a. (First): THERESA
b. (Middle): J.
c. (Last): KROENCKE

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1955

5. SEX: Fe
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 14, 1895
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Cole Camp. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry Helmers
13b. MOTHER'S MAIDEN NAME: Margaret Hoehns
14. NAME OF HUSBAND OR WIFE: John F. Kroencke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: John F. Kroencke, Sedalia, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALITIS — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) GUNSHOT WOUND - FOREHEAD
DUE TO (c) SUICIDE

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: E976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): SEDALIA PETTIS MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JUNE 22-55 - 9:00 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: SHOT HERSELF WITH '22 RIFLE

22. *I hereby certify that I attended the deceased from* JUNE 22, 1955, *to* JULY 12, 1955, *that I last saw the deceased alive on* JULY 12, 1955 *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl B Gonser MD
23b. ADDRESS: SEDALIA, MO
23c. DATE SIGNED: 13 JULY 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/14/1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem..
24d. LOCATION (City, town, or county) (State): Sedalia, Mo.

DATE REC'D BY LOCAL REG.: 7-13-55
REGISTRAR'S SIGNATURE: Lorna Coons Deputy
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: DW Peckat Sedalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 27 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Russell C. Maa

Licensed Embalmer No. 48

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.