No. 300
10.48

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23239

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 109

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY:
c. CITY OR TOWN: Cleveland
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3448 Berea Rd.

8 37-8

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): L.
c. (Last): ~~Krouch~~ Krock

4. DATE OF DEATH (Month) (Day) (Year): 8/4/55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mar. 27, 1908
9. AGE (In years last birthday): 47 — 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): Catholic Priest
10b. KIND OF BUSINESS OR INDUSTRY: Missionary ~~Unknown~~
11. BIRTHPLACE (City and State or Foreign Country): ~~Cleveland~~ Ohio, Kirby
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George ~~Krouch~~ W. Krock
13b. MOTHER'S MAIDEN NAME: ~~Unknown~~ Vannette Lafontaine
14. NAME OF HUSBAND OR WIFE: None

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Brooks Payne — **ADDRESS**: St. Louis, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) skull fracture — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) crushing injiries result plane crash
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 861X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 39
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Field
21c. (CITY, TOWN, OR TOWNSHIP): Ft. Wood (COUNTY): Pulaski (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 4 5 5 12:33 P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Airplane Crash

22. *I hereby certify that I attended the deceased from* Aug. 4, 1955, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12:33 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: county Coroner (Degree or title) B. Hedges
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED: 8/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/5/55
24c. NAME OF CEMETERY OR CREMATORY: Herman Lohmeyer Funeral Home
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 8-5-55
REGISTRAR'S SIGNATURE: Eula Lyne Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE: B. Hedges
ADDRESS: Hedges Funeral Home Crocker, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-5-55
Pulaski County Health Officer
File Number
Date Filed 8-6-55

JAN 26 1956

JAN 13 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lucien T. Swadley

Licensed Embalmer No. 48

P. O. Address Springfi

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