

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1005

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>58 yrs.</u>	c. CITY OR TOWN <u>St. Joseph</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>622 S. 6th Street</u>		e. STREET ADDRESS (If rural, give location) <u>622 S. 6th Street</u>	

3. NAME OF DECEASED (Type or Print)  
a. (First) Reuben b. (Middle) \_\_\_\_\_ c. (Last) Krechmar

4. DATE OF DEATH (Month) (Day) (Year)  
September 16, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)  
Never married 8. DATE OF BIRTH About 1884 9. AGE (In years last birthday) 71 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)  
Nightwatchman 10b. KIND OF BUSINESS OR INDUSTRY  
Junk yard 11. BIRTHPLACE (City and State or Foreign Country) Russia 12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME Aaron Krechmar 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 491-10-8552 17. INFORMANT'S SIGNATURE OR NAME Joseph Krechmar ADDRESS Kansas City, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) 4701  
DUE TO (c) man apparently died suddenly while alone in the room where he staid, He complained the evening before of feeling weak, and did not go to work. No recent illness.

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  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) viewed 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I ~~viewed~~ the deceased from on 9/16 1955, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:30A.m., from the causes and on the date stated above.

23a. SIGNATURE H F Mundy (Coroner) M.D. 23b. ADDRESS St Joseph Mo 23c. DATE SIGNED 9/16/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 19, 1955 24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Sept 21, 1955 REGISTRAR'S SIGNATURE Kathleen M. Allison 485 25. FUNERAL DIRECTOR'S SIGNATURE Meerhoffen Fleman ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1955

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 *Raymond H. Morehead*.....

Licensed Embalmer No. 4413

P. O. Address ...St. Joseph, Pa.

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.