

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 299

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		e. STREET ADDRESS (If rural, give location) <b>3210 Renick Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louise</b> b. (Middle) <b>—</b> c. (Last) <b>Krog</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 24th 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>January 16-1892</b>	9. AGE (In years last birthday) <b>64 Yrs</b>	IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home,</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Jacob Buehner</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Peniberg</b>		14. NAME OF HUSBAND OR WIFE <b>Paul F. Krog</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul F. Krog, 3210 Renick Street, City</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo</b> <b>5 min</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Embolism Pulmonary</b>		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>154x</b>		

19a. DATE OF OPERATION <b>1-10-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Rectum</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **1-6**, 1956, to **1-24**, 1956, that I last saw the deceased alive on **24 Jan 1956**, and that death occurred at **11:15am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>57 Joseph Rd Mo</b>		23c. DATE SIGNED <b>1-24-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Burial)</b>		24b. DATE <b>Jan. 26, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	

DATE REC'D BY LOCAL REG. <b>Jan 26, 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		485 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] St. Joseph, Mo.</b>	
--	--	--	--	---	--

WRITE PLAINLY--USING UNFAADING 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 *Raymond H. Moore*

Licensed Embalmer No..... 4413

P. O. Address *St. Joseph, M*

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.