

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **12061**

**FILED MAY 16 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **164**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Marion</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Hannibal</b>	c. LENGTH OF STAY (to this place) (to township) <b>0</b> <b>1</b> <b>da.</b>	c. CITY OR TOWN <b>Hannibal</b>	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 <b>Levering</b>		e. STREET ADDRESS (If rural, give location) <b>2911 Bird St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>ROBERT</b>	b. (Middle) <b>WESLEY</b>	c. (Last) <b>KRIGBAUM</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>4 - 28 - 56</b>
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<b>5. SEX</b> <b>Male</b> <input type="checkbox"/> <b>Female</b> <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> <b>White</b> <input type="checkbox"/> <b>Other</b> <input checked="" type="checkbox"/>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widower</b> <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Oct. 27, 1877</b>	<b>9. AGE</b> (to years last birthday) <b>78</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Car repairman</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Wabash Railroad</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Spalding, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>Jacob Valentine Krigbaum</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minerva Davis</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Nora Krigbaum (dec.)</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>702-05-3151</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Allen Hagan, Hannibal, Missouri</b>	<b>ADDRESS</b> <b>Hannibal, Missouri</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>48 hours</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>GASTRO-ENTESTINAL BLEEDING</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) <u>LEGB</u> ?</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>CEREBRAL VASCULAR SEC.</b>		<b>7 days</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Hannibal, Marion, Mo.</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 4/26/56, 1956, to 4/28/56, 1956, that I last saw the deceased alive on 4/28/56, 1956, and that death occurred at 9:00A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>J. W. Watschling M.D.</b>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Hannibal Mo</b>	<b>23c. DATE SIGNED</b> <b>4/30/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>4-30-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Salt Lick Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Spalding, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5-10-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Dr. E. M. Lucke</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Jack Schwarz</b>	<b>ADDRESS</b> <b>Hannibal, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

RECEIVED MAY 14 1956  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 14 1956

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..... *Jack Schwert* .....

Licensed Embalmer No. *490*

P. O. Address *Hannibal*

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.