

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

19485

State File No.

BIRTH NO. **FILED JUN 27 1956** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Mo		c. CITY OR TOWN Mexico, Mo	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) 15 days		e. STREET ADDRESS (If rural, give location) 1029 E. Love St. 0043	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Katherine c. (Last) Kroencke			4. DATE OF DEATH (Month) (Day) (Year) June 9 1956		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 29 1868		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR: Days 11 Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marine, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME George F. Doepelin		13b. MOTHER'S MAIDEN NAME Elizabeth Schmidt		14. NAME OF HUSBAND OR WIFE Rev. Emil Kroencke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia C. Schutte	
				ADDRESS Mexico, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH Instad 20 yrs 17 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio Sclerotic Heart disease		
	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 <input type="checkbox"/> NO <input checked="" 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) 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Feb 6, 1950, to June 9, 1956, that I last saw the deceased alive on June 9, 1956 and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE C. L. Garcia M.D. (Degree or title)	23b. ADDRESS Mexico Mo	23c. DATE SIGNED 6-11-56
--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	24d. LOCATION (City, town, or county) (State) Laddonia, Mo.
--	---------------------------------------	--	---

DATE REC'D BY LOCAL REG. 6-11-56	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Wilbur H. Diehoff	ADDRESS Laddonia, Mo.
--	---	--	-------------------------------------

WRITE PLAINLY—USING UNEADING 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. *Clyde C. Weir*

Licensed Embalmer No. *38*

P. O. Address. *Penn.*

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.