

FILED JUN 25 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 560

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in lb LIFE	d. STREET ADDRESS 904 W. DIVISION		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle M. Last KRISCHEL			4. DATE OF DEATH Month JUNE Day 19 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 14, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. PIPEFITTER		10b. KIND OF BUSINESS OR INDUSTRY FRISCO RAILROAD	11. BIRTHPLACE (City and state or country) GREENE CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN KRISCHEL			14. MOTHER'S MAIDEN NAME SUSANNA THIES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS CAROLINE KRISCHEL, SPRINGFIELD		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]					INTERVAL BETWEEN ONSET AND DEATH 2 Hours
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auto Coronary Occlusion					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arterio-Sclerotic Heart Disease					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 12-26-47 to 6-19-56 and last saw her alive on 6-19-56 Death occurred at 12:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Th. H. Lohmeyer (Degree or title) M.D.		22b. ADDRESS Springfield Mo		22c. DATE SIGNED 6-21-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/22/56	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS HERMAN H. LOHMEYER, SPRINGFIELD		25. DATE RECD. BY LOCAL REG. 6-21-56	26. REGISTRAR'S SIGNATURE Ernest Williamson		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Levin T. Swadlow*.....

Licensed Embalmer No. *42*

P. O. Address *.....*

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