

FILED NOV 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33568

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 45-

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

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) SULLIVAN	c. LENGTH OF STAY (In this place) 5 YR	c. CITY OR TOWN SULLIVAN	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 (If not in hospital or institution, give street address or location) OLSON NURSING HOME		STREET ADDRESS (If rural, give location) RUSSELL ST 0300	

3. NAME OF DECEASED (Type or Print) a. (First) MATILDA b. (Middle) L. c. (Last) KRIEGE			4. DATE OF DEATH (Month) (Day) (Year) NOV 4 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB 22, 1863	9. AGE (In years last birthday) Months 93	IF UNDER 1 YEAR Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	11. BIRTHPLACE (City and State or Foreign Country) UNION MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME WILLIAM KRIEGE	13b. MOTHER'S MAIDEN NAME ELIZABETH DUEMLER	14. NAME OF HUSBAND OR WIFE NONE
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Annete Petersen Sullivan</i>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEPTISEMIA		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DECUBITIS ULCERS		1 MONTH
	DUE TO (c) DIBILITIES OF OLD AGE		YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION 0534	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) SULLIVAN FRANKLIN MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	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 MARCH, 1954, to NOV 4, 1956, that I last saw the deceased alive on NOV 1, 1956, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert M. ...</i>	(Degree or title) MB	23b. ADDRESS Sullivan, Missouri	23c. DATE SIGNED Nov 5, 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/7/56	24c. NAME OF CEMETERY OR CREMATORY Union	24d. LOCATION (City, town, or county) (State) Union, Mo.
DATE REC'D BY LOCAL REG. 11-6-56	REGISTRAR'S SIGNATURE <i>Thomas A. Humphrey</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. H. ... Union, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. F. Oltmann*

Licensed Embalmer No. *1686*

P. O. Address *Union, 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.