

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4820

FILED FEB 27 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 534

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY CLAY

b. CITY OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 4 1/2 5 1/2 Weeks

c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP. STREET ADDRESS (If rural, give location) 5076 4000 E. 39th St North

3. NAME OF DECEASED
a. (First) Florence W. b. (Middle) Krieger c. (Last) Krieger

4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1957

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG. 13, 1889

9. AGE (In years last birthday) 67

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 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) CLAY COUNTY, MO

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Charlie Feindel

13b. MOTHER'S MAIDEN NAME ANNIEZA Bosley

14. NAME OF HUSBAND OR WIFE John O. KRIEGER

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. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lowell KRIEGER, 524 Ash, N.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterial Thrombosis

INTERVAL BETWEEN ONSET AND DEATH 24 hrs

* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) Cerebral Arterial Sclerosis

43m

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Hypertensive Cardiovascular Disease
II. OTHER SIGNIFICANT CONDITIONS Carcinoma of Stomach & Metastasis to small intestine

332 x H

10 yrs

1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Small Intestinal obstruction due to metastasis operation 1-30-57

20. AUTOPSY? YES NO

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) 1

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Feb 1, 1957, that I last saw the deceased alive on Jan 31, 1957, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. H. Fischer M.D.

23b. ADDRESS 356 E. 21st NKC 16 MO

23c. DATE SIGNED 2-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2-4-57

24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON Cem.

24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO

DATE REC'D BY LOCAL REG. 2-4-57

REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMERS, No. K.C. 16 MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edw. H. Fischer

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 *John W. Halbeck* _____

Licensed Embalmer No. *7949*

P. O. Address *No. Kansas*

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.