

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED APR 8 - 1957

29891-56

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 118

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, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Berger RFD 0366		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp			Length of stay in 1b 1 Hr		d. STREET ADDRESS (If outside, give location) 1/4 Mi West of Berger		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) KEVIN DAVID KRUEGER				4. DATE OF DEATH Month 4 Day 3 Year 1957					
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-28-1956		9. AGE (In years last birthday) -0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY - - -		11. BIRTHPLACE (City and state or country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		IF UNDER 1 YEAR Months 10 Days 5	
13. FATHER'S NAME David Krueger				14. MOTHER'S MAIDEN NAME Lois Ann Herrell					
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 David Krueger Berger RFD, Mo					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute infectious gastroenteritis							INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)		
							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"/> 2		
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 11:45 Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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 5/28/56 to 4/3/57 and last saw him alive on 4/3/57 Death occurred at 11:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE B. Eisenmann				(Degree or title) M. D.		22b. ADDRESS New Haven, Mo.		22c. DATE SIGNED 4/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-5-1957		23c. NAME OF CEMETERY OR CREMATORY St. Johns #8&R Cem		23d. LOCATION (City, town, or county) Berger		(State) Mo	
24. FUNERAL DIRECTOR Paul Blumler Berger Mo				ADDRESS Berger Mo		25. DATE RECD. BY LOCAL REG. Apr. 4, 1957		26. REGISTRAR'S SIGNATURE L. P. Schumann	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56Health, Welfare
Public
Service

APR 12 1957

STATEMENT BY LICENSED EMBALMER

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

Student Signature of Student Embalmer

Signed *Herbert T. Davis*

Licensed Embalmer No. 31

P. O. Address *Hermon*

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.