

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9603**
Registrar's No. **193**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 193			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis					
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				e. STREET ADDRESS (If rural, give location) 1404 So. Moniteau					
3. NAME OF DECEASED (Type or Print) Bertha		a. (First) Bertha		c. (Last) Kroschen		4. DATE OF DEATH (Month) (Day) (Year) April 4 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct 14 1877			
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Ottumwa Mo			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lock Homan		13b. MOTHER'S MAIDEN NAME Carry Parrott		14. NAME OF HUSBAND OR WIFE August E. Kroschen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs W. G. Parsons		ADDRESS Sedalia			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Secondary anemia due to Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of bladder DUE TO (c) Arteriosclerosis, Cerebral Hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 weeks 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		181X		20. AUTOPSY? 2 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) _____					
21d. TIME OF INJURY _____ (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute)		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 Feb 21 , 19 57 , to April 4 , 19 57 , that I last saw the deceased alive on April 4 , 19 57 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE D. R. Edwards M.D. (Degree or title) 0				23b. ADDRESS Union Savings Bank Bldg.		23c. DATE SIGNED 4-5-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-7-57		24c. NAME OF CEMETERY OR CREMATORY Smithton cem.		24d. LOCATION (City, town, or county) (State) Smithton Mo			
DATE REC'D BY LOCAL REG. 4-6-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bros ADDRESS Sedalia					

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Licensed Embalmer No. 3153

P. O. Address Sedalia

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.