

FILED JUN 3 1957

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **590**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cosby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. Meth. Hospital			Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frank Middle William Last Krull				4. DATE OF DEATH Month May Day 25 Year 1957				
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 November 14, 1874		9. AGE (In years last birthday) 82	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. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Andrew County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William Krull				14. MOTHER'S MAIDEN NAME Anna Theis				
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. 725-07-7868		17. INFORMANT Address Mrs. Nancy Krull Cosby, 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) Left Ventricular Hypertrophy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac De-compensation DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443x							INTERVAL BETWEEN ONSET AND DEATH 6 wks 10 years.	
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 7:30 Month, Day, Year a. m. p. m.								
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 Cosby, Mo.			20g. COUNTY Andrew	20h. STATE Missouri
21. I attended the deceased from 11-26-45 to 5-25-57 and last saw him alive on 5-24-57 . Death occurred at 7:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE, (Degree or title) William B. Kelley MD				22b. ADDRESS Savannah, Missouri		22c. DATE SIGNED 5-28-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 27, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman, Inc., St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. May 31, 1957		26. REGISTRAR'S SIGNATURE Cather M. Allison		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Albert B. Harrington*
Licensed Embalmer No. 325

P. O. Address St. Joseph

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.