

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31975
STATE FILE NUMBER
4315

FILED OCT 4 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4315

300 D
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5. CITY OR TOWN KANSAS CITY 498 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 35 YEARS	8. STREET ADDRESS (If outside, give location) 3215 CHARLOTTE ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CREEL Middle - Last KREEGER			4. DATE OF DEATH Month SEPTEMBER Day 15 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 MARCH 19, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK		10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS	9. AGE (In years last birthday) 56 FUNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) CARTHAGE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD KREEGER		13b. MOTHER'S MAIDEN NAME EDNA BARBARA DAVIS	
14. NAME OF HUSBAND OR WIFE BERNICE KREEGER		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. 487-01-2646		17. INFORMANT Address Mrs. BERNICE KREEGER, 3215 CHARLOTTE, K.C.M.O.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemoptysis - (c shock)			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of the Colon -			2 mos -
DUE TO (c) Metastatic Carcinoma of liver and			1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a) (b) (c)) Terminal Congestive Circulatory Failure			
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 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		COUNTY	STATE
21. I attended the deceased from 8-12-57 to 9-15-57 and last saw him alive on 9-14-57 Death occurred at 12:10 A. a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Graham Asher M.D. (Degree or title)		22b. ADDRESS 1220 Professional Bldg. Kansas City 6 - Mo.	22c. DATE SIGNED 9-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-17-57	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		(State)	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO. ADDRESS 1331 AQUIDOCK CREEK		25. DATE RECD. BY LOCAL REG. 9-17-57	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Graham Asher

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 Basil V. Honey,

Licensed Embalmer No. 47241
P. O. Address K.C., Mo.

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.