

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011140
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 294 Primary Registration District No. 6011 Registrar's No. 84

health, Welfare public service
 0880
 300
 1-56
 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
 0880
 26

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 1. Moberly		d. STREET ADDRESS R.F.D. 1.	
3. NAME OF DECEASED (Type or print) First Henry Middle C. Last Kroeger		4. DATE OF DEATH Month March Day 26 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 27 March 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Labor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 50
11. BIRTHPLACE (City and state or country) Marion County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry J. Kroeger		14. MOTHER'S MAIDEN NAME Catherine Talken	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Mrs. George Wilson, Palmyra, 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) Death apparently due to natural Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Causes found dead lying on cot in basement where she lived & worked DUE TO (c) & worked		INTERVAL BETWEEN ONSET AND DEATH 7953	
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 a. m. Month, Day, Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at Mo March 26-58 time not known and last saw her alive on him on the day stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Rebecca Loue (Degree or title)		22b. ADDRESS Moberly, Mo.	
22c. DATE SIGNED 3-26-58		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 28 Mar. 1958	23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	23d. LOCATION (City, town, or county) (State) Palmyra, Missouri
24. FUNERAL DIRECTOR Cater Funeral Home, Moberly, Mo.		25. DATE RECD. BY LOCAL REG. 3-26-58	26. REGISTRAR'S SIGNATURE Rebecca Loue

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1958

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 *Jerry R. Carter*.....

Licensed Embalmer No. *494*

P. O. Address *Moberly*

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.