Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021465

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 115-116 Primary Registration District No. 3530 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp. — Length of stay in 1b 45 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Washington 0362 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1124 W. Fifth St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle E. Last Krimmel

4. DATE OF DEATH Month June Day 29 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 24, 1913
9. AGE (in years last birthday) 45 — IF UNDER 1 YEAR Months 4 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY Metal Products
11. BIRTHPLACE (City and state of country) Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Krimmel
13b. MOTHER'S MAIDEN NAME Emma Lamke
14. NAME OF HUSBAND OR WIFE Dorothy Krimmel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-10-8319
17. INFORMANT Mrs. Dorothy Krimmel, Address Washington, 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) Carcinoma of Lungs — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 163X
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 ☒ NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 21, 58, to June 29, 58 and last saw her/him alive on June 29, 58
Death occurred at 2:05 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. [illegible] M.D.
22b. ADDRESS Washington Mo
22c. DATE SIGNED 6/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 1, 1958
23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery
23d. LOCATION (City, town, or county) Washington, (State) Missouri

24. FUNERAL DIRECTOR Nieburg & Vitt Inc. & H. Vitt — ADDRESS Washington Mo
25. DATE RECD. BY LOCAL REG. 6/30/58
26. REGISTRAR'S SIGNATURE F. C. Hudmann & L. C. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

99 C

JS APR 1 1959
JUL 31 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 Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Ma

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.