

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033718

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 368

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Fettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cole Camp Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell 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 Herman Middle W Last Kroenke			4. DATE OF DEATH Month Sept Day 20th Year 1958
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 Sept 7th 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Cole Camp R#2 Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Herman Kroenke	
14. MOTHER'S MAIDEN NAME Anna Bucholz		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. None		17. INFORMANT Earl Kroenke Address Raytown 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) Hypoxia & pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cocci in sputum DUE TO (c) Adenocarcinoma of stomach PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Besertia jejunorum 9/10/58 in obstruction			INTERVAL BETWEEN ONSET AND DEATH 5 days 4 months 4 months +
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 3:35 Month Sept Day 20 Year 1958 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 Cole Camp		COUNTY Missouri STATE	
21. I attended the deceased from Sept 7, 1958 to Sept 20, 1958 and last saw ^{her} _{him} alive on Sept 20, 1958 Death occurred at 3:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas J. Hyatt, M.D. (Degree or title)		22b. ADDRESS Sedalia Mo	
22c. DATE SIGNED 9/22/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Sept 22, 1958		23c. NAME OF CEMETERY OR CREMATORY St Paul Cemetery	
23d. LOCATION (City, town, or county) Cole Camp		(State) Missouri	
24. FUNERAL DIRECTOR E L Kichhoff ADDRESS Cole Camp Mo		25. DATE RECD. BY LOCAL REG. Sept 25 1958	
26. REGISTRAR'S SIGNATURE Frances Shelby			

(Licensed Embalmer's Statement on Reverse Side)

MS MAR 29 1930

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 *Charles J. Fox*.....

Licensed Embalmer No. *461*

P. O. Address *Colo Bldg*.....

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.