

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017259

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 113

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS <u>Box 406</u>	
Length of stay in lb <u>36 days.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>William</u> Last <u>Kriete, Sr.</u>			4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 15, 1888</u>		9. AGE (In years last birthday) Months <u>71</u> Days <u>0</u> Hours <u>28</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Creamery</u>		11. BIRTHPLACE (City and state or country) <u>Drake, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Kriete</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Detmer</u>		
14. NAME OF HUSBAND OR WIFE <u>Alice Sophie Kriete</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give year of dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-03-2011</u>		
17. INFORMANT <u>Alice S. Kriete, Box 406, Washington, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of lung.</u>		INTERVAL BETWEEN ONSET AND DEATH		

18. CAUSE OF DEATH (continued) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		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 <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.) <u>163X</u>			
20c. TIME OF INJURY Hour _____ 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 <u>Nov 14/59</u> to <u>May 13/59</u> and last saw him alive on <u>May 13, 59</u> Death occurred at <u>9:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Washington Mo</u>	
22c. DATE SIGNED <u>5/15/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 16, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		23d. LOCATION (City, town, or county) <u>Washington, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Nieburg &amp; Co., Washington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/16/59</u>		26. REGISTRAR'S SIGNATURE <u>F.P. Subman...</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6561 8 2 1959

### 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 A. Witt* .....

Licensed Embalmer No. *3254* .....  
P. O. Address *Washington,* .....

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.