

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021484

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 3010

300  
1-57 0

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Kansas City</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>  |   | Length of stay in 1b<br><u>38 years</u>   | d. STREET ADDRESS (If outside, give location)<br><u>5705 Woodland</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Herman Rudolph Krueger</u>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>June 16, 1959</u>   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>Cauc.</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 7, 1886</u>   |
| 9. AGE (In years last birthday)<br><u>73</u>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HRS  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Production Manager</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Serium Company</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Wisconsin</u>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |   | 13a. FATHER'S NAME<br><u>Herman Krueger</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Simon</u>   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Ferne Krueger</u>  |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                      | 16. SOCIAL SECURITY NO.<br><u>510-07-8869</u>  |
| 17. INFORMANT<br><u>Ferne Krueger</u>  |   | Address<br><u>5705 Woodland</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Heart failure</u><br>DUE TO (b) <u>Carcinoma of lung</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>generalized arteriosclerosis</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hours</u><br><u>6 months</u>   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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>4-18-1957</u> to <u>June 16, 1959</u> and last saw her alive on <u>June 16, 1959</u><br>Death occurred at <u>7:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>H. Eugene Smith, M.D.</u>   |   | 22b. ADDRESS<br><u>P.O. Missouri 411 Nichols Road</u>   |  |
| 22c. DATE SIGNED<br><u>June 18, 1959</u>   |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |   | 23b. DATE<br><u>June 20, 1959</u>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Odd Fellows Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>The Dalles, Oregon</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>Muehlebach</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>6-20-59</u>  |  |
| ADDRESS<br><u>800 TROST</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Neva Minshall</u>   |  |

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE H. Eugene Smith

All diseases in Part I must be causally related.

Dr. H. Bergsma Smith  
4111 Richmond Rd.

VA 1 - 58668.

after 1:00 PM. Thru-

11-15-1-58668

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 R.E. White .....

Licensed Embalmer No. 4997 .....

P. O. Address K.P. Ind .....

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.