

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018571

FILED VS. JUN 2 1960

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 155

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i>		Length of stay in 1b <i>22 yrs.</i>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp. # 1</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>803 Ewing</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Mabel</i> Middle <i>Marie</i> Last <i>Krone</i>			4. DATE OF DEATH Month <i>May</i> Day <i>29</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>4-27-27</i>	9. AGE (last birthday) <i>33 yrs.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA.</i>	
13a. FATHER'S NAME <i>James Krone</i>		13b. MOTHER'S MAIDEN NAME <i>Liza Cridden</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>State Hospital # 1 Fulton Mo</i> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>aspiration of food.</i>					
DUE TO (c) <i>mental deficiency</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>atrophic left kidney, etiology?</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> Month, Day, Year					
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 <i>April 13, 1938</i> to <i>May 29, 1960</i> and last saw her/him alive on <i>May 29, 1960</i> Death occurred at <i>11:40</i> <i>AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Fred. Hender MD</i>			22b. ADDRESS <i>State Hosp. # 1, Fulton, Mo.</i>		22c. DATE SIGNED <i>May 29, 1960</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June-1-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cemetery</i>	23d. LOCATION (City, town, or county) <i>Kansas City</i>		(State) <i>Kansas</i>
24. FUNERAL DIRECTOR <i>Wallace Funeral Home</i>		ADDRESS <i>Fulton Mo</i>	25. DATE RECD. BY LOCAL REG. <i>May 29, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. R. Massey

Licensed Embalmer No. 4996
P. O. Address Fulton, Mo.

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.