

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 17 1960

=60-019928

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 80 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Sunrise Beach Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 5 days		d. STREET ADDRESS Forsen Park (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Fritz Middle William Last Krohne			4. DATE OF DEATH May 8, 1960 Month Day Year		
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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 July 30, 1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) service station	10b. KIND OF BUSINESS OR INDUSTRY SERVICE STATION	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Fred W. Krohne	13b. MOTHER'S MAIDEN NAME Florence Wiehe	14. NAME OF HUSBAND OR WIFE Sallie Anna Krohne
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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. 515-32-5777	17. INFORMANT Sallie A. Krohne Address Sunrise Beach, Mo. Forsen Park
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) Peptic ulcer		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatectomy performed 5-4-60; done well when he had massive intestinal hemorrhage.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 3-20-56 to 5-8-60 and last saw him alive on 5-8-60 Death occurred at 7:55 A on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) B B Hurst M.D.	22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 5-9-60
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23a. BURIAL, CREMATION, or other disposal (specify) buried	23b. DATE 5/9/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery	23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
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24. FUNERAL DIRECTOR Walter P. Hedges Hedges Funeral Home Camdenton, Mo.	25. DATE RECD. BY LOCAL REG. 5-9-1960	26. REGISTRAR'S SIGNATURE Hilda L. Hays
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MAY 18 1950

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 Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Camdenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.