

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001866

FILED VS JAN 10 1961

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 10

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

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|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Length of stay in lb- 60 yrs | c. CITY OR TOWN Joplin |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2119 Joplin Street | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2119 Joplin Street |
| 3. NAME OF DECEASED (Type or print) First CLAY Middle A. Last KRUMMEL | | 4. DATE OF DEATH Month January Day 5, Year 1961 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-6-1880 |
| 9. AGE (last birthday) 80 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Abilene, Kansas |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Edward G. Mering | |
| 13b. MOTHER'S MAIDEN NAME Margaret Elizabeth Kuhn | | 14. NAME OF HUSBAND OR WIFE Wm A. Krummel, Sr., Oct. '58 | |
| 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. Unk | 17. INFORMANT Mrs. Elizabeth Bailey, 2119 Joplin St. |
| 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>Malnutrition</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Carcinoma of esophagus</i> DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>2 yrs.</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 |
| 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 Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>12-20-60</i> to <i>1-5-61</i> and last saw ^{her} him alive on <i>12-28-60</i> Death occurred at <i>12:30 a</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>J. S. Langenbach, M.D.</i> (Degree or title) | | 22b. ADDRESS <i>2505 Jackson</i> | 22c. DATE SIGNED <i>1-6-61</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>1-7-61</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Hornet Cemetery,</i> | 23d. LOCATION (City, town, or county) <i>Hornet, Missouri</i> (State) |
| 24. FUNERAL DIRECTOR ADDRESS <i>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</i> | | 25. DATE RECD. BY LOCAL REG. <i>Jan. 7-1961</i> | 26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i> |

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 Shirley B. Arnee

Licensed Embalmer No. 4463

P. O. Address Joplin 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.