

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009407  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 143

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED MAR 28 1961**

1. PLACE OF DEATH  
a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b. 60 yrs

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Newton

c. CITY OR TOWN Rural Shoal Creek Twsp Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) Route 4, Joplin Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Gus Middle Alfonso Last Krudwig

4. DATE OF DEATH Month March Day 21 Year 1961

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-3-1894 9. AGE (last birthday) 67

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) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Bldg. & Construction 11. BIRTHPLACE (City and state or country) Lebanon, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank Krudwig 13b. MOTHER'S MAIDEN NAME Minnie West 14. NAME OF HUSBAND OR WIFE Adele Krudwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W.I 16. SOCIAL SECURITY NO. Unk 17. INFORMANT Address Mrs. Adele Krudwig, Rt. 4, Joplin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cancerous degenerated colon  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gallbladder metastases  
DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 6 months

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 Dec 15 1960 to March 21, 1961 and last saw him alive on 3-21-61  
Death occurred at 12:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 2125 Johnson Ave Joplin Mo 22c. DATE SIGNED 3-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-24-61 23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 3-24-1961 26. REGISTRAR'S SIGNATURE [Signature]

MAR 31 1961

**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 Harvey E. Amice

Licensed Embalmer No. 4443

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.