

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012671

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 423

AMENDED

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 2 YEARS		c. CITY OR TOWN ST. JOSEPH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 822 DEWEY AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 822 DEWEY AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNA Middle AGNES Last GENTET				4. DATE OF DEATH Month APRIL Day 21 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 FEB. 12, 1868	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months _____ Days _____ Hours _____	IF UNDER 24 HR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WILLIAM F. KROUSA			13b. MOTHER'S MAIDEN NAME JOHANNA HARTRUMP			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. ALICE SHARP		Address 822 DEWEY AVE. ST. JOSEPH, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio. Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 6 yrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)			DUE TO (c)		
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 checked="" 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 _____ a.m. _____ p.m. 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 March 1955 to April 21-61 and last saw her alive on April 21, 1961 Death occurred at 4:15 P.M. Apr 21, 1961 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. S. Swails M.D. (Degree or title)				22b. ADDRESS Wathena Kansas		22c. DATE SIGNED 4-22-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB. 21, 1961	23c. NAME OF CEMETERY OR CREMATORY ROSDALE CEMETERY		23d. LOCATION (City, town, or county) WATHENA KANSAS		23e. (State)		
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME			ADDRESS WATHENA, KANSAS		25. DATE RECD. BY LOCAL REG. April 24 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Keadell		

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF J. S. Swails M.D. MEDICAL CERTIFICATION

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 Edward C. Harrington

Licensed Embalmer No. 5258

P. O. Address J. Joseph

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.