SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021891
STATE FILE NUMBER

AMENDED

Registration District No. 207 Primary Registration District No. 4319 Registrar's No. 21

FILED JUN 23 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY MARIES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle — Length of stay in 1b 30yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Maries
c. CITY OR TOWN Belle — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First August Middle F. Last Krueger
4. DATE OF DEATH Month Day Year June - 11 - 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-13-1879
9. AGE (last birthday) 82 — 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) Jeweler
10b. KIND OF BUSINESS OR INDUSTRY Retail
11. BIRTHPLACE (City and state or country) Osage County - Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME August Krueger
13b. MOTHER'S MAIDEN NAME Anna Boettcher
14. NAME OF HUSBAND OR WIFE Mary (Schonhoff) Krueger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs Mary Krueger

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC ARREST — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARDIAC ANNOXIA — 12 hrs
DUE TO (c) CARDIAC Decompensation — yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes - Prostatitis - Uremia -
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 JAN 11, 1961 to and last saw her/him alive on —
Death occurred at 11:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm Fiedlicke
22b. ADDRESS Bland, Mo -
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Buriel
23b. DATE June 14-1961
23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery
23d. LOCATION (City, town, or county) (State) Belle - Mo.

24. FUNERAL DIRECTOR ADDRESS Sassmanns Funeral Service Charles Sassman, Belle-Mo
25. DATE RECD. BY LOCAL REG. June 14-61
26. REGISTRAR'S SIGNATURE Mozelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Chester Sassman

Signature of Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland-Mu

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.