

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035977

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1049

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**PLACE OF DEATH** 001 23 1961

1. a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri Length of stay in 1b Since 6/23/48 c. CITY OR TOWN St. Joseph, Missouri Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 2409 Lafayette St. Reside on Farm Yes  No

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

3. NAME OF DECEASED (Type or print) ADELINE KRUEGER First Middle Last 4. DATE OF DEATH October 18 1961 Month Day Year

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Feb. 2, 1872 9. AGE (last birthday) 89 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work 10b. KIND OF BUSINESS OR INDUSTRY House Work 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Louis Krueger 13b. MOTHER'S MAIDEN NAME Henerietta Wrase 14. NAME OF HUSBAND OR WIFE None

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 Mr. Paul Krueger-Kansas City, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 years DUE TO (b) Generalized Arteriosclerosis Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Woman has been a patient at State Hospital since 6/23/48 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 Oct. 17, 1961 to Oct. 18, 1961 and last saw <sup>her</sup> alive on Oct. 17, 1961 Death occurred at 12:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. F. Mundy M.D. 22b. ADDRESS St Joseph Mo 22c. DATE SIGNED Oct 18, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Oct. 18, 1961 23c. NAME OF CEMETERY OR CREMATORY Kansas City, Missouri 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo. ADDRESS Oct. 19, 1961 25. DATE RECD. BY LOCAL REG. Ms. Clark Goodell 26. REGISTRAR'S SIGNATURE

H.F. Mundy, M.D. MEDICAL CERTIFICATION

AUG 14 1962

**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 Raymond H. Tracy

Licensed Embalmer No. 5147

P. O. Address 11 Grayed St

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.