

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041126

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5728 STATE FILE NUMBER

AMENDED

FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 12408 E 46th Terr	

3. NAME OF DECEASED (Type or print) First ROBERT Middle H Last KRUCKER			4. DATE OF DEATH Month November Day 14 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/6/1922	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY G W VanKeppel Co		11. BIRTHPLACE (City and state or country) Canada	
13a. FATHER'S NAME Ether C Krucker		13b. MOTHER'S MAIDEN NAME Effie Campbell		14. NAME OF HUSBAND OR WIFE Ellen Krucker	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		17. INFORMANT Mrs Ellen Krucker		Address 12408 E 46th Terr	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>malignant melanoma</i></u>		INTERVAL BETWEEN ONSET AND DEATH <u><i>1 yr</i></u>
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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
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21. I attended the deceased from *Oct 1960* to *Nov 14-1961* and last saw *her* *live* on *11-14-61*
Death occurred at *2 pm* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Richard L. Long</i>	(Degree or title)	22b. ADDRESS 751 E 63rd	22c. DATE SIGNED 11/16/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/18/61	23c. NAME OF CEMETERY OR CREMATORY Brookings Cemetery	23d. LOCATION (City, town, or county) Raytown Missouri
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24. FUNERAL DIRECTOR Sheil Colonial Chapel K C Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-16-61	26. REGISTRAR'S SIGNATURE <i>Richard D. Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. Gena

ITEM NO. SHOULD READ

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 Douglas E. Hobson

Licensed Embalmer No. 5157

P. O. Address Kansas City, 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.