

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045372

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 42

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED DEC 26 1961		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Knox		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		a. STATE Mo.	b. COUNTY Knox
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb since 1891	c. CITY OR TOWN Edina	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mrs. Katherine Kriegshauser		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. DATE OF DEATH Dec. 15, 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 4-27-1873	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner		10b. KIND OF BUSINESS OR INDUSTRY Own shop	11. BIRTHPLACE (City and state or country) Dennison, Iowa	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J. Ph. Miller		13b. MOTHER'S MAIDEN NAME Dora Meirs		14. NAME OF HUSBAND OR WIFE George M. Kriegshauser	
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. No		17. INFORMANT Address Mrs. Raymond Cahalan Edina, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease gr. IV				10 yrs.	
DUE TO (b) Generalized arteriosclerosis				15 yrs.	
DUE TO (c) _____				_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelonephritis chronic				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 <u>1956</u> to <u>Dec. 15, 1961</u> and last saw her/him alive on <u>Dec. 15, 1961</u> Death occurred at <u>5:05 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Francis Tawydar M.D.			22b. ADDRESS Edina Missouri		22c. DATE SIGNED Dec. 16, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-1961	23c. NAME OF CEMETERY OR CREMATORY St. Joseph		23d. LOCATION (City, town, or county) (State) Edina, Mo.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser Bros. Edina, Mo.		25. DATE RECD. BY LOCAL REG. Dec-18-1961		26. REGISTRAR'S SIGNATURE [Signature]	

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina, Mn

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.