

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045468

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 154

FILED JAN 2 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lincoln	b. CITY (If outside corporate limits, give TOWNSHIP only) Bedford Twp	a. STATE MO	b. COUNTY Warren
c. FULL NAME OF (If NOT in hospital, give location) Lincoln County Memorial Hosp		c. CITY OR TOWN Wright City	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
HOSPITAL OR INSTITUTION		d. STREET ADDRESS	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Charles	Middle Joseph	Last Kropf	Month Dec	Day 19
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 7/15/91	9. AGE (last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pressman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New York	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Leopold Kropf		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Kropf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	17. INFORMANT Address Mrs Dorothy Taylor Wright City MO
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18. CAUSE OF DEATH (Enter only one cause line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MEDULLARY FAILURE		
DUE TO (b) CARDIAC DECOMPENSATION 24 Hours		
DUE TO (c) ACUTE MYOCARDIAL INFARCTION 17 DAYS		
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

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 12-2-61 to 12-19-61 and last saw him alive on 12-19-61
Death occurred at 8:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. R. Shuckwell D.O.	22b. ADDRESS TROY, MO.	22c. DATE SIGNED 12-24
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/22/61	23c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery
23d. LOCATION (City, town, or county) (State) Truesdal Missouri		

24. FUNERAL DIRECTOR Niourg Furn & Und CO	ADDRESS Wright City	25. DATE RECD. BY LOCAL REG. 12-26-1961	26. REGISTRAR'S SIGNATURE Charlotte Leek
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MO (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 3 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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Julius J. Meber

Licensed Embalmer No. 336

P. O. Address Wright

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.