

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001058

AMENDED
 Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 8
 STATE FILE NUMBER

FILED JAN 17 1962

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Boulware Twp.		Length of stay in 1b lifetime	c. CITY OR TOWN Bay
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION his home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Bay, Mo.
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Daniel Middle J. Last Kreter			4. DATE OF DEATH Month Jan. Day 13 Year 1962		
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5. SEX male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-27-1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer	10b. KIND OF BUSINESS OR INDUSTRY common labor	11. BIRTHPLACE (City and state or country) Bay, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME August Andrew Kreter	13b. MOTHER'S MAIDEN NAME Caroline Hilkeman	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Gust Kreter Address Bay, Mo.
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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) MYOCARDIAL INFARCTION DUE TO (b) (Found expired in own DUE TO (c) AUTO TRAILOR)		INTERVAL BETWEEN ONSET AND DEATH
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.) NO INJURY
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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 _____ to _____ and last saw her/him alive on _____
 Death occurred at **ABOUT 1:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE August Deuser (Degree or title) CORONER	22b. ADDRESS HERMANN MO	22c. DATE SIGNED 1/13/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-15-1962	23c. NAME OF CEMETERY OR CREMATORY Bethel Presbyterian Cem.	23d. LOCATION (City, town, or county) Bay, Mo. (State)
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24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.	25. DATE RECD. BY LOCAL REG. 1-19-62	26. REGISTRAR'S SIGNATURE Delma Uffelmann
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Method of Winter (Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 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 Welford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSOILL

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.