MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011125

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1176

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 29400 2 3 4 1 5 0 6 7 1 8 2 9260X 10 11 1286-0 13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 2MONTHS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 101 EAST 36TH STREET NEW HOPE NURSING HOME — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: S. DAKOTA b. COUNTY: DAVISON
c. CITY OR TOWN: MITCHELL — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 120 WEST 6TH AVENUE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First IDA Middle SOPHIA Last KRUG

4. DATE OF DEATH: Month FEBRUARY Day 26 Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: JUNE 17, 1889
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

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

13a. FATHER'S NAME: JACOB KRUG
13b. MOTHER'S MAIDEN NAME: LENA UNKNOWN
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. R. B. RICHMOND Address: 5845 ROSEHILL RD. SHAWNEE, KANS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Stroke CVA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): Diabetes
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. [ ] 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 May Sept 1961, to Feb 26, 1962 and last saw her/him alive on Feb 15, 1962
Death occurred at 9:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Don A. Black (Degree or title): M.D.
22b. ADDRESS: 924 Prof. Bldg K.C. 6, Mo
22c. DATE SIGNED: 2/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: FEB. 27. 62
23c. NAME OF CEMETERY OR CREMATORY: LOCAL CEMETERY
23d. LOCATION (City, town, or county) (State): VIVIAN SOUTH DAKOTA

24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 2-27-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Eugene C. Black
1228 Professional Bldg Vi 2-2463
9:00-12:00 - 1:15 - 4:00

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. 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.