

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038800

5352

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED NOV 1 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1		
2 <i>8/22</i>		
3		
4 <i>1</i>		
5 <i>0</i>		
6		
7 <i>1</i>		
8 <i>2</i>		
<i>9260X</i>		
10		
11		
12 <i>50-0</i>		
13		
	INSTEAD OF	
	DOCUMENT	
	MEDICAL CERTIFICATION	
	BY AFFIDAVIT OF	
	Wallace H. Graham	
	SHOULD READ	
	ITEM NO.	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		a. STATE ILLINOIS b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN EAST ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 554 NORTH 81st STREET	
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET CAROLINE KRUG		4. DATE OF DEATH Month Day Year OCTOBER 21st 1962	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-4-06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) EAST ST LOUIS ILL.
13a. FATHER'S NAME WILLIAM KRUG		13b. MOTHER'S MAIDEN NAME IDA MONAGHAN	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MRS. IDA KRUG, EAST ST LOUIS ILLINOIS	
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) Acidosis			8 Hrs.
DUE TO (b) Diabetes			8 Years
DUE TO (c) Obesity and Pancreatic Failure			Indefinite
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.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 9:27 PM, 20 Oct 62 to 1:02 AM, 21 Oct 62 and last saw her alive on 21 Oct, 62 . Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wallace H. Graham M.D.		22b. ADDRESS 518 Argyle Bldg. KC, Mo	22c. DATE SIGNED 21 Oct. 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Vallala Burial Park	23d. LOCATION (City, town, or county) (State) Belleville, Illinois
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City Mo		25. DATE RECD. BY LOCAL REG. 10-21-62	26. REGISTRAR'S SIGNATURE Ruth Long

Dr Wallace Graham MD
Age 91-8149
H.A. 1-5111

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 *Erving M. King*

Licensed Embalmer No. 3566

P. O. Address H.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.