

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042005

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 205

FILED NOV 26 1962

1. PLACE OF DEATH
 a. COUNTY Clay
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville Length of stay in 1b 3 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Platte
 c. CITY OR TOWN Smithville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2 miles West of Smithville Reside on Farm Yes No

3. NAME OF DECEASED First Sophia Middle Lou Last Kroeck 4. DATE OF DEATH Month November Day 16 Year 1962

5. SEX Fe 6. COLOR OR RACE Wh 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-3-93 9. AGE (last birthday) 69 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Clay Co., Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John T. Brooks 13b. MOTHER'S MAIDEN NAME Lillian Heathman 14. NAME OF HUSBAND OR WIFE Reuben Kroeck

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. None 17. INFORMANT Address Reuben Kroeck Smithville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Broncho pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 wk
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastatic Carcinoma 2 mo
 DUE TO (c) Carcinoma Ovary 1 yr
 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 Sept 1962 to Nov 16, 1962 and last saw her alive on Nov 16 1962
 Death occurred at 11:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David R. Charles MD 22b. ADDRESS Smithville Mo 22c. DATE SIGNED 11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 19, 1962 23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery 23d. LOCATION (City, town, or county) (State) Smithville, Missouri

24. FUNERAL DIRECTOR ADDRESS McComas Funeral Home Smithville, Mo. 25. DATE RECD. BY LOCAL REG. 11-19-62 26. REGISTRAR'S SIGNATURE Marquette Anderson

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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DEC 11 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.