

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044984

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4/427 Registrar's No. 160

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1963

VS 300	DATE AMENDED
Rev. 4/59	
10850	
2 0630	
3	
4 1	
5 2	
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7 0	
8 2	
9 420.1	
10	
11	
12 1.2	
13 10	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		c. CITY OR TOWN Dixon, Mo.	
Length of stay in 1b 3 Wks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pulaski General Hosp.		d. STREET ADDRESS (If outside, give location) Miller Twp.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Verdie Francis Krone			4. DATE OF DEATH Month Day Year Dec. 5, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 29-1892 71
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Maries County Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert M. Kinnaird	
13b. MOTHER'S MAIDEN NAME Anna Sharp		14. NAME OF HUSBAND OR WIFE Henry Krone	
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.	
17. INFORMANT Sam Johnson Dixon, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac and Respiratory Arrest Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9 days DUE TO (c)			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.)	
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 9:00 A.M. Dec 5, 1963 to Dec 5, 1963 and last saw her/him alive on Dec 5, 1963 at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.O. Alwitt D.O.		22b. ADDRESS Waynesville, Mo	22c. DATE SIGNED 12-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/7/63	23c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery
23d. LOCATION (City, town, or county) Maries County, Mo.		(State)	
24. FUNERAL DIRECTOR W. C. Birmingham		25. DATE RECD. BY LOCAL REG. 12-6-63	26. REGISTRAR'S SIGNATURE Eula Mae Anderson

USE BLACK INK OR TYPEWRITER RIBBON

DEC 17 1963

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 W. C. Birmingham

Licensed Embalmer No. 3664

P. O. Address Vienna 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.