

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137

Primary Registration District No. 5508

Registrar's No.

0040120

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

PLACE OF DEATH
a. COUNTY Henryb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MontroseLength of stay in 1b
29 yrc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION NoneInside limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)
a. STATE Mo b. COUNTY Henry

c. CITY OR TOWN Montrose

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
6 mi. S.W.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles Leon Kretzinger

4. DATE OF DEATH

Month

Day

Year

Oct. 20 1964

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-14-1904

9. AGE (last birthday)

60

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

8 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Montrose Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Frank A. Kretzinger

13b. MOTHER'S MAIDEN NAME

Eura Drake

14. NAME OF HUSBAND OR WIFE

Ruth Kretzinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

495-40-4228

17. INFORMANT

Ruth Kretzinger

Address

Montrose 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)

Brain tumor

INTERVAL BETWEEN ONSET AND DEATH

1 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 ☐ Unknown19. 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, Year20d. 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 1954 to now and last saw him alive on 20 Oct 1964
Death occurred at 3:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R.H. Braunschweig MD

22b. ADDRESS

Appleton City, Mo.

22c. DATE SIGNED

21 Oct 1964

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-23-64

23c. NAME OF CEMETERY OR CREMATORY

Appleton City

23d. LOCATION (City, town, or county)

Appleton City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Oscar Eckhoff Appleton City, Mo.

25. DATE RECD BY LOCAL REG.

Oct. 22, 1964

26. REGISTRAR'S SIGNATURE

Mildred Begum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 22 1965

NOV 10 1964

NOV 10 1964

051
0641

0
1
0
9

0-00

NOV 10 1964

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.