

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23112

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 4562 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cole</u> ( <u>St. Thomas Down</u> ) b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Thomas</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Thomas</u> <u>0261</u> d. STREET ADDRESS (If rural, give location) <u>Main Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Kroll</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 19, 1876</u>
9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	# UNDER 1 RES. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	11. BIRTHPLACE (State or foreign country) <u>St. Thomas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Theodore Kroll</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Box</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Kroll</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Kroll</u> ADDRESS <u>St. Thomas Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Feb 1950</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Pharynx</u> DUE TO (c) _____		<u>July 2, 1950</u> <u>48X A</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u>		<u>Apr 1950</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1950, to <u>July 23</u> , 1950, that I last saw the deceased alive on <u>July 23</u> , 1950, and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe L. Buescher M.D.</u> (Degree or title)		23b. ADDRESS <u>Freeburg MO</u>	23c. DATE SIGNED <u>7-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas St. Thomas Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Mo</u>
DATE REC'D BY LOCAL REG. <u>July 28-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis md</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> ADDRESS <u>Jefferson City Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 8-2-52  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8-2-52

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AUG 3

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 \_\_\_\_\_  
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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 this body is not embalmed, fact should be so stated above.