

STANDARD CERTIFICATE OF DEATH

State File No. **36105**

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina	
c. LENGTH OF STAY (In this place) 43 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) _____ c. (Last) Krueger			4. DATE OF DEATH (Month) (Day) (Year) 10 22 51		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 3rd 1874		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Days Hours Min. 3 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Optometrist		11. BIRTHPLACE (State or foreign country) West Point Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Frank Krueger		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Ola Krueger Shelbina Mo	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ola Krueger Shelbina Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4221	
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 Oct 15, 1951, to Oct 22, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 5 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. Caldwell D.O. 2		23b. ADDRESS Shelbina, Mo.		23c. DATE SIGNED Oct. 24/51	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Oct 25th 51		24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery	
				24d. LOCATION (City, town, or county) (State) Shelbina Mo.	

DATE REC'D BY LOCAL REG. 10-24-51		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw & Hawkins Shelbina Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: **OCT 29 1957**
DISTRICT HEALTH OFFICE #2
District File Number 10-57-
Date Filed: **OCT 29 1957**

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. **3835**

P. O. Address **Shelburne - 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.