

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15066

State File No.

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u> <u>0710</u>	
c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>Stover, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle) <u>MARGARET</u>	c. (Last) <u>KROESCHEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 23-1896</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LUDWIG KNOOP</u>	13b. MOTHER'S MAIDEN NAME <u>REBECCA Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>August Kroeschken</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L.S. Kroeschken</u> ADDRESS <u>Stover Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	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. <u>Hypertensive heart disease with decompensation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1950, to April, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Gale Gunn M.D.</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>4.20.53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 21-1953</u>	REGISTRAR'S SIGNATURE <u>John L. Ripberger</u> NO. <u>212-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. K... Versailles, Mo.</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

910
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MAY 13 1953

AUG 17 1953

AUG 14 1953

MAY 25 1954

APR 14 1954

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 *Gene A. Sartorius*

Licensed Embalmer No. 4021

P. O. Address *Wesleyville, 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.