

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026341

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 234

Primary Registration District No. 4352

Registrar's No. 57

S. 300
1-57
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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, give TOWNSHIP only) OR TOWN <u>Versailles</u>		c. CITY OR TOWN <u>Versailles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. Monroe St.</u>		Length of stay in 1b <u>20 Years</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Otto</u> Last <u>Krog</u>		4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Can</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1888</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horticulturist</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.U.</u>		13. FATHER'S NAME <u>Albert Krog</u>	
13b. MOTHER'S MAIDEN NAME <u>Hedwig Brix</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie McCann</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mrs Nettie Krog</u>		Address <u>Versailles, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u> <u>3 years</u>
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.	
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 <u>1955</u> to <u>July 29 1958</u> and last saw ^{her} him alive on <u>July 29 1958</u> Death occurred at <u>11:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jack Gunn M.D.</u>		22b. ADDRESS <u>Versailles, Mo.</u>	
22c. DATE SIGNED <u>7.30.58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>31 July 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Versailles, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>W. F. Kidwell</u>		ADDRESS <u>Versailles, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8-1-58</u>		26. REGISTRAR'S SIGNATURE <u>J. L. Haskin</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Raymond C. Fisher*

Licensed Embalmer No. *4626*

P. O. Address *Versailles*

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.