SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS MAR 13 1961

-61-007610

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 162

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State cancer Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Lawrence
c. CITY OR TOWN Monett
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1101 Ninth Street
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Emmitt Middle Earnest Last Krehmeier

4. DATE OF DEATH Month March Day 9 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 25, 1908
9. AGE (last birthday) 51
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Foreman
10b. KIND OF BUSINESS OR INDUSTRY Contracting
11. BIRTHPLACE (City and state or country) Hobery, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Krehmeier
13b. MOTHER'S MAIDEN NAME Charlotte Klingsborn
14. NAME OF HUSBAND OR WIFE Mary Krehmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
17. INFORMANT Hospital Record Address Hiway 40 E Earth Columbia Mo.

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Perforated antral ulcer
INTERVAL BETWEEN ONSET AND DEATH 4 days
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)
Carcinoma left lung with invasion upper mediastinum

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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, Year

20d. 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 March 6, 1961 to Mar 9, 1961 and last saw him alive on March 9, 1961
Death occurred at 6:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Theodore VanFleet Swaney M.D.
22b. ADDRESS Ellis Fischel State Cancer Hospital, Columbia Mo.
22c. DATE SIGNED 3/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/10/61
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Monett, Mo.

24. FUNERAL DIRECTOR Lyman Funeral Home ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 10 '61
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MAR 28 1961

MAR 14 1961

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_____ Signed Richard A Reeves

Signature of Student Embalmer

Licensed Embalmer No. 5109

P. O. Address Columbia Me

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.