

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37542

State File No. \_\_\_\_\_

FILED NOV 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>California</u>	c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY OR TOWN <u>California</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>06870</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>KATHRYN</u> c. (Last) <u>KRENKLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 6 - 1882</u>	9. AGE (In years last birthday) <u>72</u>	10. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> 1-2 YEARS <input type="checkbox"/> 2-3 YEARS <input type="checkbox"/> 3-4 YEARS <input type="checkbox"/> 4-5 YEARS <input type="checkbox"/> 5-6 YEARS <input type="checkbox"/> 6-7 YEARS <input type="checkbox"/> 7-8 YEARS <input type="checkbox"/> 8-9 YEARS <input type="checkbox"/> 9-10 YEARS <input type="checkbox"/> 10-11 YEARS <input type="checkbox"/> 11-12 YEARS <input type="checkbox"/> 12-13 YEARS <input type="checkbox"/> 13-14 YEARS <input type="checkbox"/> 14-15 YEARS <input type="checkbox"/> 15-16 YEARS <input type="checkbox"/> 16-17 YEARS <input type="checkbox"/> 17-18 YEARS <input type="checkbox"/> 18-19 YEARS <input type="checkbox"/> 19-20 YEARS <input type="checkbox"/> 20-21 YEARS <input type="checkbox"/> 21-22 YEARS <input type="checkbox"/> 22-23 YEARS <input type="checkbox"/> 23-24 YEARS <input type="checkbox"/> 24-25 YEARS <input type="checkbox"/> 25-26 YEARS <input type="checkbox"/> 26-27 YEARS <input type="checkbox"/> 27-28 YEARS <input type="checkbox"/> 28-29 YEARS <input type="checkbox"/> 29-30 YEARS <input type="checkbox"/> 30-31 YEARS <input type="checkbox"/> 31-32 YEARS <input type="checkbox"/> 32-33 YEARS <input type="checkbox"/> 33-34 YEARS <input type="checkbox"/> 34-35 YEARS <input type="checkbox"/> 35-36 YEARS <input type="checkbox"/> 36-37 YEARS <input type="checkbox"/> 37-38 YEARS <input type="checkbox"/> 38-39 YEARS <input type="checkbox"/> 39-40 YEARS <input type="checkbox"/> 40-41 YEARS <input type="checkbox"/> 41-42 YEARS <input type="checkbox"/> 42-43 YEARS <input type="checkbox"/> 43-44 YEARS <input type="checkbox"/> 44-45 YEARS <input type="checkbox"/> 45-46 YEARS <input type="checkbox"/> 46-47 YEARS <input type="checkbox"/> 47-48 YEARS <input type="checkbox"/> 48-49 YEARS <input type="checkbox"/> 49-50 YEARS <input type="checkbox"/> 50-51 YEARS <input type="checkbox"/> 51-52 YEARS <input type="checkbox"/> 52-53 YEARS <input type="checkbox"/> 53-54 YEARS <input type="checkbox"/> 54-55 YEARS <input type="checkbox"/> 55-56 YEARS <input type="checkbox"/> 56-57 YEARS <input type="checkbox"/> 57-58 YEARS <input type="checkbox"/> 58-59 YEARS <input type="checkbox"/> 59-60 YEARS <input type="checkbox"/> 60-61 YEARS <input type="checkbox"/> 61-62 YEARS <input type="checkbox"/> 62-63 YEARS <input type="checkbox"/> 63-64 YEARS <input type="checkbox"/> 64-65 YEARS <input type="checkbox"/> 65-66 YEARS <input type="checkbox"/> 66-67 YEARS <input type="checkbox"/> 67-68 YEARS <input type="checkbox"/> 68-69 YEARS <input type="checkbox"/> 69-70 YEARS <input type="checkbox"/> 70-71 YEARS <input type="checkbox"/> 71-72 YEARS <input type="checkbox"/> 72-73 YEARS <input type="checkbox"/> 73-74 YEARS <input type="checkbox"/> 74-75 YEARS <input type="checkbox"/> 75-76 YEARS <input type="checkbox"/> 76-77 YEARS <input type="checkbox"/> 77-78 YEARS <input type="checkbox"/> 78-79 YEARS <input type="checkbox"/> 79-80 YEARS <input type="checkbox"/> 80-81 YEARS <input type="checkbox"/> 81-82 YEARS <input type="checkbox"/> 82-83 YEARS <input type="checkbox"/> 83-84 YEARS <input type="checkbox"/> 84-85 YEARS <input type="checkbox"/> 85-86 YEARS <input type="checkbox"/> 86-87 YEARS <input type="checkbox"/> 87-88 YEARS <input type="checkbox"/> 88-89 YEARS <input type="checkbox"/> 89-90 YEARS <input type="checkbox"/> 90-91 YEARS <input type="checkbox"/> 91-92 YEARS <input type="checkbox"/> 92-93 YEARS <input type="checkbox"/> 93-94 YEARS <input type="checkbox"/> 94-95 YEARS <input type="checkbox"/> 95-96 YEARS <input type="checkbox"/> 96-97 YEARS <input type="checkbox"/> 97-98 YEARS <input type="checkbox"/> 98-99 YEARS <input type="checkbox"/> 99-100 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau Co. Rural</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James H. Stock</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Emma</u>	
14. NAME OF HUSBAND OR WIFE <u>Alfred Krenkler</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>no.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Krenkler</u>		ADDRESS <u>California 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>2 years</u>
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June 4, 1949 to Oct 29, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenyon Latham M.D.</u>	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>10-31-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>California Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-31-55</u>	REGISTRAR'S SIGNATURE <u>L. P. Spoy</u> <u>506</u>	

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

STANDARD CERTIFICATE OF DEATH  
THE BOARD OF HEALTH OF MISSOURI

DEPARTMENT OF HEALTH  
STATE OF MISSOURI  
LOCAL RESIDENCE (For use in cases of deaths occurring in the home)  
COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_ TIME OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_  
CAUSE OF DEATH \_\_\_\_\_  
MANNER OF DEATH \_\_\_\_\_  
SIGNATURE OF DECEASED \_\_\_\_\_  
SIGNATURE OF NEXT OF KIN \_\_\_\_\_  
SIGNATURE OF PHYSICIAN \_\_\_\_\_  
SIGNATURE OF EMBALMER \_\_\_\_\_  
SIGNATURE OF FUNERAL HOME \_\_\_\_\_

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 *Hugh E. Williams*

Licensed Embalmer No. 35

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.