

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-000086

STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 3

AMENDED

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY Audrain.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ralls,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia, Missouri.		Length of stay in 1b 1 Yr	c. CITY OR TOWN Perry, Missouri.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 514 E. Washington St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Perry, Missouri.

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. KRIGBAUM.			4. DATE OF DEATH Month Day Year Jan 25, 1962	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-28-1857	9. AGE (last birthday) 104	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal Mine	11. BIRTHPLACE (City and state or country) Ralls Co, Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jacob R. Krigbaum	13b. MOTHER'S MAIDEN NAME Polly Jane Goodnight.	14. NAME OF HUSBAND OR WIFE Elizabeth Danforth.
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Elbert Hicklin, Perry, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pneumonia		4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Influenza	2 wks
	DUE TO (c) Malnutrition	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from March 1961 to Jan. 1962 and last saw ^{hear} him alive on 1/25/62 Death occurred at 8:50 P. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Anthony J. Fisher Jr. M.D.	22b. ADDRESS Vandalia, Missouri.	22c. DATE SIGNED 3-26-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-27-1962	23c. NAME OF CEMETERY OR CREMATORY Wolf Cemetery	23d. LOCATION (City, town, or county) (State) Perry, Missouri.
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24. FUNERAL DIRECTOR Clyde Wisbey	ADDRESS Perry, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 26 1962	26. REGISTRAR'S SIGNATURE Walter Fugua
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(Licensed Embalmers' Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

DATE AMENDED

ITEM NO. SHOULD READ

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 Clyde Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.