

FILED JUL 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18984

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY OR TOWN <u>St. Thomas</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Thomas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 W. Franklin</u>		d. STREET ADDRESS (If rural, give location) <u>St. Thomas</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Sebastian</u> c. (Last) <u>Kraus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 13, 1879</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Hours <u>8</u> Min. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>State</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Kraus</u>		13b. MOTHER'S MAIDEN NAME <u>Ludwina Luehaus</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Kraus</u> ADDRESS <u>102 Franklin</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Feb. 14</u> <u>to</u> <u>June 19 1949</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal stages of Cancer due to</u>		
	DUE TO (c) <u>metastases from kidney</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>180X</u>		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 Feb. 14 1949, to 6-19 1949, that I last saw the deceased alive on 6-18 1949, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Co. J. Macauley D.O.</u> (Degree or title)	23b. ADDRESS <u>303 W. McCarly Callerson City Mo.</u>	23c. DATE SIGNED <u>6-20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 21/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parish Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Thomas Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 20 49</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD-NR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> ADDRESS <u>Jefferson City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 27 1949
District Health Officer No. 9,
District File Number

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. 3 9/5

working under my personal supervision
Lynn S. Shelton
Student Bill Brunson
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.