

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17541

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 37

0670

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

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Mississippi		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston Rural		c. LENGTH OF STAY (in this place) all life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston Rural		0670
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1 8 mi S. W.			d. STREET ADDRESS (If rural, give location) R#1 8 mi S. W.		

3. NAME OF DECEASED (Type or Print) a. (First) Lillian		b. (Middle) Beatrice		c. (Last) Krauss		4. DATE OF DEATH (Month) (Day) (Year) May 17, 1950	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1918		9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Houswife		11. BIRTHPLACE (State or foreign country) Bertrand, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Till Winders		13b. MOTHER'S MAIDEN NAME Velma Stout		14. NAME OF HUSBAND OR WIFE Louis Krauss	
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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 None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Krauss, R#1 Charleston, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix				INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last: DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				171X	

19a. DATE OF OPERATION May	19b. MAJOR FINDINGS OF OPERATION carcinoma of cervix X-ray and radium therapy, Dr. Myron Davis, St. Luke's Hospital				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **May 9, 1949**, to **April 10, 1950**, that I last saw the deceased alive on **18**, and that death occurred at **6:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) O.M.D.		23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 5/19/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/19/50	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
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DATE REC'D BY LOCAL REG. May 22 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS The Nunkeles Funeral Chapel Charleston, Mo	
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MAY 25 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed MAY 26 1950

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
Student Embalmer

Signed *John T. Munnell*

Licensed Embalmer No. 3851

P. O. Address Charleston, W

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.