No. 300
10.48

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22623

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 168

0013
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Adair County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville, Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Nursing Home II

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyaconda 0220
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle):
c. (Last): Krause

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1950

5. SEX: F. /
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1864
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clark Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Paul La Frenz
13b. MOTHER'S MAIDEN NAME: Mary Reimerson
14. NAME OF HUSBAND OR WIFE: /

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Joe Krause — ADDRESS: Canton Mo

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.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Acute circulatory failure	June 19, 1950
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Cardiac decompensation	June 15, 1950
	DUE TO (c) Arteriosclerosis	1948-50
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		4222

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 29, 1948, *to* June 19, 1950, *that I last saw the deceased alive on* June 19, 1950, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vincent J. Strangio 2 D.O
23b. ADDRESS: Community Nursing Home, Kirksville, Mo
23c. DATE SIGNED: Jan 19, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21-50
24c. NAME OF CEMETERY OR CREMATORY: Wyaconda
24d. LOCATION (City, town, or county) (State): Wyaconda Mo

DATE REC'D BY LOCAL REG.: 6-28-50
REGISTRAR'S SIGNATURE: Kate Lambert /
25. FUNERAL DIRECTOR'S SIGNATURE: Geth J Beckett — ADDRESS: Memphis

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 1 1 1958
District Health Officer No. 10
District File Number 7-50-1100
Date Filed JUL 1 4 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Fred Guth

Signed .....
Student Embalmer

Licensed Embalmer No. 4256

P. O. Address Memphis

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.