

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16118**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **76**

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

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Washington</b>	c. LENGTH OF STAY (In this place) <b>40 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Washington 0362</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>736 W. Main St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>BERNARD</b> c. (Last) <b>KRAWITZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 11 1951</b>
---	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan. 26, 1899</b>	9. AGE (In years last birthday) <b>52</b> if UNDER 1 YEAR Months <b>3</b> Days <b>15</b> if UNDER 4 HRS. Hours <b>15</b> Min.
--------------------	-------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of lifetime life, even if retired) <b>Meat Cutter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Meat Market</b>	11. BIRTHPLACE (State or foreign country) <b>Clover Bottom, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	---	---	---

13a. FATHER'S NAME <b>Martin Krawitz</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Borak</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-10-2933</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Krawitz</b>	ADDRESS <b>Washington Mo</b>
--	---	---	---------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carotid of Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>alcoholism</b>		
	DUE TO (c)		
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 <b>5811</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **Jan 8, 1951**, to **May 11, 1951**, that I last saw the deceased alive on **May 16, 1951**, and that death occurred at **7:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. J. Muehl, M.D.</b>	23b. ADDRESS <b>Washington Mo</b>	23c. DATE SIGNED <b>5-12-51</b>
--	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Cemetery</b>	24d. LOCATION (city, town, or county) (State) <b>Washington, Missouri</b>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>May 12, 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>o Michburg &amp; Witt, Inc., Washington, Mo</b>	ADDRESS <b>99</b>
---	---	--	----------------------

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 21 1951

RECEIVED

---

---

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 \_\_\_\_\_

Lester A. Pitt  
Licensed Embalmer No. 3254

P. O. Address Washington, Md

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.