No. 300
10.48

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26620

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 745-A

1. PLACE OF DEATH
a. COUNTY GREENE 0396
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD
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) 1617 W. ATLANTIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD 0396
d. STREET ADDRESS (If rural, give location) 1617 W. ATLANTIC

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle)
c. (Last) KRAUPNER

4. DATE OF DEATH (Month) (Day) (Year) AUGUST 29 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN
8. DATE OF BIRTH SEPT. UNKNOWN
9. AGE (In years last birthday) 76 — 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) INSTRUCTOR
10b. KIND OF BUSINESS OR INDUSTRY MUSIC-DRURY
11. BIRTHPLACE (State or foreign country) GERMANY
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NO
17. INFORMANT'S SIGNATURE OR NAME Mrs. B. J. Harding, 1617 W. Atlantic Springfield, Mo. — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteio-Sclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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 4500
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* 5-17-1949, *to* 8-29-1957, *that I last saw the deceased alive on* 8-21, 1957, *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE W Kelly MD (Degree or title)
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 8-31-57

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
24b. DATE AUG 31 1951
24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY
24d. LOCATION (City, town, or county) SPRINGFIELD, MO (State)

DATE REC'D BY LOCAL REG. 9-5-57
REGISTRAR'S SIGNATURE W E Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. Springfd. Mo. — ADDRESS
(Licensed Embalmer's Statement on Reverse Side)

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

DEC 3 1951

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 Ogle Sloan Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.