

FILED JAN 8 1952

8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42193

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 461

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Berniece c. (Last) Krawl			4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1951		
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5. SEX F.M. /		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 22, 1940		9. AGE (In years last birthday) 11		IF UNDER 1 YEAR Months 9		IF UNDER 1 YEAR Days 15		IF UNDER 1 MIN. Hours		IF UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In School				10b. KIND OF BUSINESS OR INDUSTRY -----				11. BIRTHPLACE (State or foreign country) Little Blue, Mo. D				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Chester A. Krawl				13b. MOTHER'S MAIDEN NAME Violet L. Goddard				14. NAME OF HUSBAND OR WIFE -----			
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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) -----				16. SOCIAL SECURITY NO. -----				17. INFORMANT'S SIGNATURE OR NAME Chester A. Krawl, ADDRESS Bucklin, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION									
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscess - ruptured into bronchus								INTERVAL BETWEEN ONSET AND DEATH 2 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute ruptured appendicitis								1 mo.	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)				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 Dec 6, 1951, to Dec 7, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Philip A. Ottman, M.D. (Degree or title)				23b. ADDRESS Marceline, Mo.				23c. DATE SIGNED 12/8/51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Price Cemetery				24d. LOCATION (City, town, or county) (State) Winigan Mo.			
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DATE REC'D BY LOCAL REG. Dec. 8, 1951		REGISTRAR'S SIGNATURE Mrs. J. A. ... 401				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larson Funeral Service, Bucklin, Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

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

587
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Date Received: JAN 2 1952
DISTRICT HEALTH OFFICE #2
District File Number 1-52-2
Date Filed: JAN 5 1952

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.....
Student Embalmer

Signed.....


Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

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.