

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2180

State File No. 952
Registrar's No. 10

FILED JAN 23 1952

BIRTH NO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 5883		State File No. 952		Registrar's No. 10							
1. PLACE OF DEATH a. COUNTY Osage				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonnots Mill			c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonnots Mill			Linn Mo							
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonnots Mill Mo.				d. STREET ADDRESS (If rural, give location) _____											
3. NAME OF DECEASED (Type or Print) Conrad			a. (First)		b. (Middle) H.		c. (Last) Krautman		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10-1952						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 5th 1876		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Days 5		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Loose Creek Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME Hubert Krautman				13b. MOTHER'S MAIDEN NAME Margarete Samson				14. NAME OF HUSBAND OR WIFE Sabina Heinen Krautman							
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. *****		17. INFORMANT'S SIGNATURE OR NAME * ADDRESS Raymond T Krautman Bonnots Mill										
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchial Pneumonia													
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia													
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)													
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 12-11, 1946, to 1-10, 1952, that I last saw the deceased alive on 1-10, 1952, and that death occurred at 10:00 m., from the causes and on the date stated above.															
23a. SIGNATURE W. D. McKeely (Degree or title)				23b. ADDRESS _____				23c. DATE SIGNED _____							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) Bonnots Mill		(State) Mo							
DATE REC'D BY LOCAL REG. Jan 16/1952		REGISTRAR'S SIGNATURE 235		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton		ADDRESS _____		Linn Mo							

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

760

0760

JAN 8 1964

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 Wesley M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin, 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.