

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4900**

FILED **MAR 9 - 1953**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>289</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>2837 So. 20th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2837 So. 20th St.</u>				d. STREET ADDRESS (If rural, give location) <u>2837 So. 20th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>W.</u>		c. (Last) <u>KRAYENBUHL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>6-2-1889</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. Highway Dept. Wahoo, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Krayenbuhl</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ida Wood</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.# 1</u>			16. SOCIAL SECURITY NO. <u>488-14-6737</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena Whiteman, 2912 Patee St.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Man died while in bed in his home, without a history of recent serious illness or disability.</u>				INTEGRITY BETWEEN ONSET AND DEATH <u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)		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 <u>deceased</u> the deceased from <u>on 3/9</u> 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H F Mundy, M.D. (Coroner)</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>3/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>John R. [Signature]</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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

MAR 11 1953

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 Alvin C. Bryan

Licensed Embalmer No. PH 795

P. O. Address St. Joseph 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Buchanan ss.

State File No. 4900  
Local Registrar's No. 289

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15 day of January, 1954, before me appears Mrs  
Lena M. Whiteman, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Oscar W. Krayenbuhl, died March 4, 1953, in the State of  
Missouri, and which was filed at St. Joseph on Mar. 7, 1953, should be corrected as follows:

- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. 3 b should read Oscar Clarence Krayenbuhl
- Instead of Oscar W. Krayenbuhl
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Lena M. Whiteman sister  
Relationship.  
2912 Patee St. St. Joseph, Mo  
Present Address

Subscribed and sworn to before me this 15 day of January, 1954.

My Commission expires Nov. 3, 1956  
Irving P. Belmont Notary Public.

