

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7209

State File No. ....

FILED FEB 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salt Spring Twp.</u>		c. LENGTH OF STAY (in this place) <u>43 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>between Moberly &amp; Huntsville</u>		d. STREET ADDRESS (If rural, give location) <u>Between Moberly &amp; Huntsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhelm</u> b. (Middle) <u>H.</u> c. (Last) <u>Kraft</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 30, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coal mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	9. AGE (In years last birthday) <u>79</u>
11. BIRTHPLACE (State or foreign country) <u>Etna, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wilhelm Kraft</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Keegan</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Kraft</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ben Summerfield, R#2, Moberly, Mo</u>	
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>  <u>D.K.</u>
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>			<u>20yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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 I attended the deceased from <u>Feb 10, 1953</u> , to <u>Feb 18, 1953</u> that I last saw the deceased alive on <u>Feb 18, 1953</u> , and that death occurred at <u>5a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. V. Dreyer M.D.</u>		23b. ADDRESS <u>Huntsville Mo.</u>	23c. DATE SIGNED <u>2/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-22-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-21-53</u>	REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Patton &amp; Sons, Huntsville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1961

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

*Paul J. Patton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4095

P. O. Address. Huntsville, M

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.