

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18113

State File No. _____

FILED MAY 21 1953

2291

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2291</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u>)		c. LENGTH OF STAY (In this place) <u>3 1/2</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>809 No AGNES</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WERNER</u> b. (Middle) <u>30</u> c. (Last) <u>KRAUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 1 53</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>7-26-1896</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CATHOLIC CHURCH</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DETROIT MICH. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH KRAUSE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HIPT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max Hargent Plogke Detroit Mich</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute + Chronic Nephritis</u> DUE TO (c) <u>Suppurative Pancreatitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 wks</u> <u>?</u> <u>58 TO</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>3-12</u> , 19 <u>53</u> , to <u>5-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-1</u> , 19 <u>53</u> and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Haight</u> (Degree or title) <u>Dr. M. D.</u>				23b. ADDRESS <u>340 18 1/2th Kc. mo</u>		23c. DATE SIGNED <u>5-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARCS</u>		24d. LOCATION (City, town or county) (State) <u>KANSAS CITY Mo</u>	
DATE RECD BY LOCAL REG. <u>5-2-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheil Funeral Home K.C. mo</u>			

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

