

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28328

State File No.

FILED AUG 24 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 765

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>	
c. LENGTH OF STAY (in this place) <u>18 days</u>		d. STREET ADDRESS (If rural, give location) <u>10 miles East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Frank</u> c. (Last) <u>Krautzel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 1953</u>
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5. SEX <u>Male</u> COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1895</u>	9. AGE (In years) (Months) (Days) (Hours) (Mins) <u>57 11 13</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Anatolia Hungary</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Atton Krautzel</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Vodecka</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia Krautzel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes WW1</u>	16. SOCIAL SECURITY NO. <u>491-20-88</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sophia Krautzel</u> ADDRESS <u>Bolivar</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>15 mi.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tumor of Brain (meningioma) 3 yrs.</u> 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 <u>8-6-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tumor of Brain</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)	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 April 13, 1953, to August 15, 1953, that I last saw the deceased alive on August 15, 1953, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Michael J. Tolank</u> M.D.	23b. ADDRESS <u>Morton Bldg. Springfield Mo.</u>	23c. DATE SIGNED <u>8-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-17-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tashen</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-17-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Crown</u> ADDRESS <u>Bolivar, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 4 19

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 *L. Ashli Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.