

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34990**

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **4038** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) WARSAW	c. LENGTH OF STAY (in this place) 2 MONTHS	c. CITY (If outside corporate limits, write RURAL and give township) STOVER	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE SIDE REST ROOM		d. STREET ADDRESS (If rural, give location) STOVER MO.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) KRAYBERGER c. (Last) KRAYBERGER			4. DATE OF DEATH (Month) (Day) (Year) OCT. 31 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 19 - 1865		9. AGE (in years last birthday) Months Days Hours Min. 88 9 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY BAKERY	11. BIRTHPLACE (City and State or Foreign Country) BENTON Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME MICHAEL KRAYBERGER		13b. MOTHER'S MAIDEN NAME KATRINA UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA KRAYBERGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWIN KRAYBERGER STOVER MO.			

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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH one day
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) senility			5 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) WARSAW (BENTON) MO.	
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 **Aug 15, 1952**, to **Oct 31, 1953**, that I last saw the deceased alive on **Oct 20, 1953**, and that death occurred at **5:10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin Krayberger, P.D.		23b. ADDRESS Warsaw, Mo.	23c. DATE SIGNED 10/31/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 2 1953	24c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY	24d. LOCATION (City, town, or county) (State) STOVER MO.
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DATE REC'D BY LOCAL REG. Nov. 1 - 1953	REGISTRAR'S SIGNATURE Jas. A. Logan	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Stevinson	ADDRESS Stover Mo.
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(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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

J. H. Stevinson

Licensed Embalmer No. *4073*

P. O. Address *Stover 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.