

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26190

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5033 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY COOK	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rual, Louter		c. CITY OR TOWN Evergreen Park	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) min.		e. STREET ADDRESS (If rural, give location) 9345 S. Lawndale	
d. FULL NAME OF HOSPITAL OR INSTITUTION Corner of 34 & A Hwy		8128	
3. NAME OF DECEASED (Type or Print) a. (First) ELEANOR		b. (Middle) MARIE	c. (Last) KRAUS
4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 54			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 1, 1916
9. AGE (In years last birthday) 38	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel Director		10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME M.E. Kraus		13b. MOTHER'S MAIDEN NAME Gertrude K. Baer	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. Not known	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. M.E. Kraus, Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death from fractured neck and crushed chest injuries received in an automobile, head on collision before two cars. One driven by the deceased, the other by Delbert Clark. The wreck was caused by culpreeable negligence on the part of Delbert Clark while driving. Death was almost instant.	
INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION almost instant. E9167 26	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 54 E. of Mexico, Louter, Audrain, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico, Louter, Audrain, Mo. 207	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 11, 54, 12:15	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Accident	
22. I hereby certify that I attended the deceased from Cononers, inquest with jury, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. C. Adams M.D. Corona		23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED Sept. 11, 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 11, 54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. Sept 11-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl E. Ruck, Mexico, Mo. City, Mo.	

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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.....  
Signature of Student Embalmer

Signed *Billy J. Skinner*

Licensed Embalmer No. 4784

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.