

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22692

State File No.

FILED JUL 18 1955

BIRTH NO.

REG. DIST. NO. 166

PRIMARY REG. DIST. NO. 5605

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Washington)		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Kansas City		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			e. STREET ADDRESS (If rural, give location) 8250 8		
3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Teona c. (Last) Krangel			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1907	9. AGE (In years last birthday) 48	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Indiana, Warrick County		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edward Day		13b. MOTHER'S MAIDEN NAME Helen Bullock	14. NAME OF HUSBAND OR WIFE Frank Krangel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Frank Krangel, 4649 Waverly,		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION Kansas City, Kan. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple injuries & fractures received in automobile accident		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractures received in automobile accident 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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50	21c. (City or town) OR TOWNSHIP WASHINGTON JOHNSON	COUNTY JOHNSON	STATE MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 2, 1955 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT.		
22. I hereby certify that I attended the deceased from 19___, to 19___, that I last saw the deceased alive on 19___, and that death occurred at 5:45 P.m., from the causes and on the date stated above.					
23a. SIGNATURE Kelly Rawlins M.D.		(Degree or title) Coronor Johnson Co	23b. ADDRESS		23c. DATE SIGNED 7/3/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
DATE REC'D BY LOCAL REG. 7/3/55	REGISTRAR'S SIGNATURE Emma L. Beath 149-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Raymond Baker, Knob Noster, Mo		

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED
JUL 11 1955
JOHNSON COUNTY HEALTH

MAY 14 1958

JUL 18 1955

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..... *W. Raymond Baker*

Licensed Embalmer No. *461*

P. O. Address *First St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.