

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

22740

State File No. _____
Registrar's No. 65

FILED AUG 11 1955

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>5644</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>Rural Lexington</u>		c. LENGTH OF STAY (in this place) <u>6 ym.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville, Mo.</u>		0541	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Goodloe Home</u>				d. STREET ADDRESS (If rural, give location) <u>West edge</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>KRATZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 7 1880</u>	
9. AGE (in years last birthday) <u>74</u>		10. MONTHS <u>10</u> DAYS <u>12</u>		11. BIRTHPLACE (State or foreign country) <u>Durham Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employee Coal Mining</u>					
13a. FATHER'S NAME <u>William Kratz</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Albers</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel G. Kratz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>187-16-9888</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maurice E. Kratz</u> ADDRESS <u>Higginsville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Benzoyl Prostane Hypertrophy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>One week</u> <u>4200</u> <u>Years</u>
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) _____		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>June</u> , 19 <u>55</u> , to <u>July 19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 12</u> , 19 <u>55</u> , and that death occurred at <u>12 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Koppensind, MD</u>				23b. ADDRESS <u>Higginsville Mo</u>		23c. DATE SIGNED <u>Aug 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-5-55</u>		REGISTRAR'S SIGNATURE <u>M. E. Elchert</u>		156 25. FUNERAL DIRECTOR'S SIGNATURE <u>G. L. Lader</u>		ADDRESS <u>Higginsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Forest R. Rehak

Licensed Embalmer No. 42184

P. O. Address Higgsville, 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.