

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **297**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph,</b>	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) <b>47 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>5011 1/2 King Hill Ave</b> <b>01170</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give street address or location) <b>Capitol Nursing Home 1804 Faraon St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) c. (Last) <b>Kramba</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 3 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 9, 1879</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocerman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mugoslavia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Kramba (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena Aberle</b>	ADDRESS <b>St. Joseph, Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		<b>24 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Heart Failure</b> DUE TO (c) <b>arteriosclerosis</b>		<b>one hour</b> <b>not same</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 **Dec 30, 1955** to **Jan 3, 1956**, that I last saw the deceased alive on **Jan 2, 1956**, and that death occurred at **2:30A** m., from the causes and on the day stated above.

23a. SIGNATURE (Degree or title) <b>Collis Rounady M.D.</b>	23b. ADDRESS <b>Turnpaine Bldg City</b>	23c. DATE SIGNED <b>Jan 5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/4/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Jan 12, 1956</b>	REGISTRAR'S SIGNATURE <b>Bother M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Phil Ruff</b>	ADDRESS <b>St. Joseph, Mo</b>
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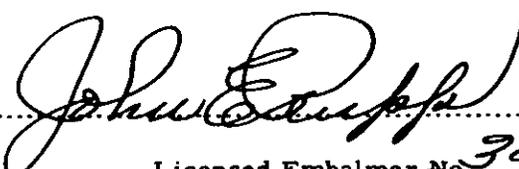
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
  
Licensed Embalmer No. 3980

P. O. Address.....  


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.