

STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1956

State File No. 27453

46591-56

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>571 Locust</b>		d. STREET ADDRESS (If rural, give location) <b>571 Locust</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Francis</b> b. (Middle) <b>Marionlee</b> c. (Last) <b>Kraft</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 30 1956</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>July 4 1956</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR <b>25</b> MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lebanon Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>Conrad Kraft</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Schwab</b>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Conrad Kraft Lebanon Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute gastro-enteritis</b>		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>5710</b>	
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 **July 4, 1956**, to **7-17, 1956**, that I last saw the deceased alive on **7-17, 1956**, and that death occurred at **6:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. D. Carrington, M.D.</b>		23b. ADDRESS <b>Lebanon, Mo.</b>		23c. DATE SIGNED <b>8-31-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/31/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>	
24d. LOCATION (City, town, or county) (State) <b>Lebanon Mo.</b>					

DATE REC'D BY LOCAL REG. <b>8-31-1956</b>		REGISTRAR'S SIGNATURE <b>Wella L. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sh. P. Galony Lebanon Mo</b>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

4240

Received 9-10-56

Laclede County Health Unit

File No. 151

Date Filed 9-10-56

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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 .....  
Student Embalmer

Signed S. P. Palmer

Licensed Embalmer No. 2308

P. O. Address Shannon 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.