

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27804**
Registrar's No. **319**

FILED AUG 20 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

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

I. PLACE OF DEATH a. COUNTY Pettis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia c. LENGTH OF STAY (In this place) 8 months d. FULL NAME OF HOSPITAL OR INSTITUTION Resthaven Rest Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover d. STREET ADDRESS (If rural, give location) Stover, Mo.	
3. NAME OF DECEASED (Type or Print) Augusta a. (First) Augusta b. (Middle) Kraxberger c. (Last) Kraxberger		4. DATE OF DEATH (Month) (Day) (Year) Aug. 16 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 16, 1882
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Benton County Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Frederick Wilckens		13b. MOTHER'S MAIDEN NAME Marie Kauer	
14. NAME OF HUSBAND OR WIFE M.F. Kraxberger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Otto Kraxberger	
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.		17. ADDRESS Stover, Missouri	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis		_____	
DUE TO (b) _____		_____	
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"/>		331X	
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 15 Dec, 1955, to 16 Aug, 1956, that I last saw the deceased alive on 16 Aug, 1956, and that death occurred at 8:05 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Donald C. Rator M.D.		23b. ADDRESS Sedalia, Mo.	
23c. DATE SIGNED 18 Aug 1956		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 12, 1956	
24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Stover, Missouri	
DATE REC'D BY LOCAL REG. 9-18-56		REGISTRAR'S SIGNATURE Savina O'Boyle	
25. FUNERAL DIRECTOR'S SIGNATURE H. Swinson		ADDRESS Stover, Mo.	

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STATEMENT BY LICENSED EMBALMER

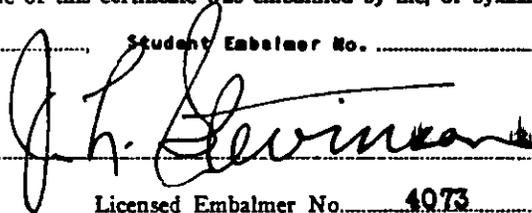
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

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.