

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014956
State File No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4313 Registrar's No. 78

0610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elmer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elmer</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>W.</u> c. (Last) <u>Krawl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>September 17, 1887</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Macon County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>					

13a. FATHER'S NAME <u>Henry Krawl</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Easley</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kate Riggins Elmer Mo</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Disease</u>		<u>1 MONTH</u>	
		DUE TO (c) <u>Mitral Valve Insufficiency</u>		<u>7 Years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</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) <u>410X</u>	
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 March 18, 1958, to April 14, 1958, that I last saw the deceased alive on April 12, 1958, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Johnson</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>800. W. Jefferson, Keokuk</u>	
23c. DATE SIGNED <u>4/14/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 16 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bell</u>		24d. LOCATION (City, town, or county) (State) <u>Macon County Mo</u>			

DATE REC'D BY LOCAL REG. <u>4/20/58</u>		REGISTRAR'S SIGNATURE <u>Keith McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Galloway</u>	
				ADDRESS <u>South Gifford Mo</u>	

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County File No. 4-58-119
Date Filed 4/30/58

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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.

Signed W. H. McCallum

Signed _____
Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.