

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019344
STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 55

300
1-57

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Rural		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HARDIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RAY COUNTY MEM. HOSP.		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 3 miles N.E. of Hardin
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last MARY ELIZABETH KRATZER			4. DATE OF DEATH Month Day Year JUNE 4, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 13, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME JAMES BUCKLES		13b. MOTHER'S MAIDEN NAME AMANDA WYNN		14. NAME OF HUSBAND OR WIFE GEORGE KRATZER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-40-1478		17. INFORMANT Address SALLIE WILSON HARDIN, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 nat
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Generalized Arteriosclerosis			
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from **June 2, 1958** to **June 4, 1958** and last saw ^{her} alive on **June 4, 1958**
Death occurred at **3:50** p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas B. Cook, M.D.		22b. ADDRESS Richmond Missouri		22c. DATE SIGNED 6-6-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-6-58		23c. NAME OF CEMETERY OR CREMATORY LAUELOCK CEM.		23d. LOCATION (City, town, or county) (State) RAY COUNTY, Mo.	
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24. FUNERAL DIRECTOR ADDRESS KRIESCHILD & BORCHERTING - HARDIN, Mo.		25. DATE RECD. BY LOCAL REG. 6-7-1958		26. REGISTRAR'S SIGNATURE Mabel Jackson	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *August Boucherding*

Licensed Embalmer No. *4678*
P. O. Address *Hardin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.