Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017361
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 492

1. PLACE OF DEATH a. COUNTY: Green	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Fair Play — Inside Limits: Yes [ ] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mercy Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 0840 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First: George	Middle: M.	Last: Kranz	4. DATE OF DEATH: Month May Day 17 Year 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Jan. 27 1889	9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Polk County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Rymer Kranz	13b. MOTHER'S MAIDEN NAME: Pink Rusk	14. NAME OF HUSBAND OR WIFE: none		
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.	17. INFORMANT Address: Willis Cunningham, Springfield, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c) with Senile Dementia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prostatic Hypertrophy, Benign 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year none

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 January 1959, to May 17 and last saw him alive on May 17, 1959. Death occurred at 6:38AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. D. Bank, M.D.	22b. ADDRESS: 609 Cherry, Springfield, Mo.	22c. DATE SIGNED: 5/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-19-59	23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge	23d. LOCATION (City, town, or county) (State): Aldrich, Mo.
24. FUNERAL DIRECTOR ADDRESS: Barker-Butler, Fair Play, Mo.	25. DATE RECD. BY LOCAL REG.: 5-22-59	26. REGISTRAR'S SIGNATURE: Effie G. Melton	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, M

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.