URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033416

STATE FILE NUMBER

FILED VS OCT 6 1959

NDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond — Length of stay in 1b 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Henrietta — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Eymile West Henrietta — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Lola Middle (N) Last Kraft

4. DATE OF DEATH Month September Day 22 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-26-1887
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Housekeeping
11. BIRTHPLACE (City and state or country) Lyons, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Isaac F. Wolfe
13b. MOTHER'S MAIDEN NAME Mary McCloud
14. NAME OF HUSBAND OR WIFE Dave Kraft.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. none
17. INFORMANT Dave Kraft, Address Henrietta, 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) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adams-Stokes syndrome
DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
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 September 18, 1959, to September 22, 1959 and last saw her alive on September 22, 1959
Death occurred at 4:00 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 9/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-25-1959
23c. NAME OF CEMETERY OR CREMATORY Richmond Masonry Garden
23d. LOCATION (City, town, or county) (State) Richmond, Mo.

24. FUNERAL DIRECTOR ADDRESS Quest-Like Funeral Home Richmond, Missouri per Lewis Dale
25. DATE REGD. BY LOCAL REG. 9-29-1959
26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 406 6

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.